

THE
LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

H. A. COTTELL, M.D., Editor.

JOHN P. MORTON & CO., Publishers.

Vol. XVIII. LOUISVILLE, KY., DECEMBER 27, 1884. No. 470.

CONTENTS.

ORIGINAL—	PAGE	CORRESPONDENCE—	PAGE
Preventive Medicine. By E. S. Elder, M. D.....	401	An Anencephalous Child.....	408
A Case of Sporadic Cholera. By Frank S. Tripp, M.D.....	403	SELECTIONS—	
MISCELLANY—		Lumbar Nephrectomy for Renal Calculus.....	411
American Notes.....	404	A Case of Pyo-Pneumo-Thorax.....	412
Sir Andrew Clark on Alcohol.....	404	Cocaine in Chronic Affections of the Larynx and Pharynx.....	413
Surgical Instruments of the Second or Third Century.....	405	A Contribution to the Clinical Study of Rôtheln or German Measles.....	414
Mixed Anesthesia.....	405	On Calculus impacted in Ureter, and the Feasibility of removing it by Surgical Operation.....	414
Drugs and Medicines of North America.....	405	The Usefulness of the Nose in Diagnosis.....	415
The Bacillus of Syphilis.....	405	Movable Kidney.....	416
The Swallowing of a Shawl-pin.....	406	Painful Mamma in Young Girls.....	416
EDITORIAL—		Thallin, a New Antipyretic.....	416
Gastritis Favosa.....	407	Draught of Amyl Nitrite.....	416
BIBLIOGRAPHY.....	408	ARMY MEDICAL INTELLIGENCE.....	416

Established January, 1870.

THE AMERICAN PRACTITIONER,
A Sixty-four page Monthly Journal of
MEDICINE AND SURGERY.

DAVID W. YANDELL, M.D., Editor.

JOHN P. MORTON & CO., Publishers

SUBSCRIPTION, THREE DOLLARS A YEAR.

SPECIAL OFFER

Upon receipt of \$1.00, we will send to NEW SUBSCRIBERS either the AMERICAN PRACTITIONER or the LOUISVILLE MEDICAL NEWS for SIX MONTHS, commencing July 1, 1884.

Address, JOHN P. MORTON & CO., Louisville, Ky.

Remember that when payment is made IN ADVANCE, we furnish both of above-named journals for \$5.00 per year.

TERMS, \$3.00 A YEAR, POSTAGE PAID.

ISSUED EVERY SATURDAY.

Entered at the Post-office at Louisville, Ky. as second-class matter.

BEEF PEPTONOIDS

THE ONLY PERFECT FOOD EVER PRODUCED.

THE NUTRITIVE CONSTITUENTS OF BEEF AND MILK WITH GLUTEN.

Each Ounce of Powder represents Ten Ounces of Beef, Wheat, and Milk.

- 1st. **BEEF PEPTONOIDS**, as now prepared, is both *pleasant to the taste and to the smell*.
- 2d. There is no food-preparation that compares with it in nutritive properties.
- 3d. It contains over ninety-eight per cent of nutritious matter.
- 4th. One ounce of **BEEF PEPTONOIDS** contains more nourishment than five pints of beef tea prepared from eighty ounces of beef.
- 5th. **BEEF PEPTONOIDS** is the only preparation, rich in nitrogenous matter, that is pleasant to the taste.
- 6th. It has the advantage of being easily and quickly prepared for use.

BEEF PEPTONOIDS IN **CHOLERA INFANTUM**

will be found superior to all foods. Ten per cent of the Beef is peptonized,
which is sufficient to stimulate natural digestion.

"*Beef Peptonoids* is by far the most nutritious and concentrated food I have ever met with. Indeed a palatable and assimilable and in every way acceptable article of food, containing nearly seventy per cent of purely nutritive nitrogenous material, has never before, to my knowledge, been offered to the Medical Profession or to the public."

PROF. JOHN ATTFIELD, *London.*

"*Beef Peptonoids* has an extremely high nutritive value. It is easily digested, and is a valuable nutritive food for invalids and convalescents. Its odor and flavor surpass any preparation of meat ever examined by me. It merits my fullest indorsement."

DR. STUTZER, *Bonn, Germany.*

Director of the Imperial Chemical Laboratory for Rhenish Prussia.

"*Beef Peptonoids* is the most concentrated nitrogenous food I have ever examined. It is a complete food, consisting of ninety-five per cent of assimilable solids of the most nutritious character."

PROF. C. R. C. TICHBORNE, *Dublin, Ireland.*

Professor Chemistry Carmichael College of Medicine, Fellow of the Institute of Chemistry, President Pharmaceutical Society of Ireland, etc.

Price, in four ounce packages, \$1; also, for convenience and economy, we put up **BEEF PEPTONOIDS** in sixteen-ounce tins, which will be sent to any physician's address, post-paid, on receipt of \$2.50. Sample mailed on application.

Thanking the profession for generous support in the past, we remain,

Very respectfully,

REED & CARRICK, New York.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, DECEMBER 27, 1884.

Original.

PREVENTIVE MEDICINE.*

BY E. S. ELDER, M. D.

Secretary Indiana State Board of Health.

[CONCLUDED.]

What is the general custom in regard to the prevention of the spread of diphtheria and scarlet fever? Are all the patients sick with those diseases promptly isolated and quarantined? In my own experience I have found in many instances that they were not. Are the funerals of persons who have died from these diseases private? The majority of them are not. Are children allowed to attend these funerals? Repeated instances of fatal illness thus contracted answer that they are. Are coffins which contain the remains of those dying from infectious diseases ever opened? Several severe epidemics thus occasioned, with much loss of life, assures us that they are. Are children from houses where these diseases are prevailing excluded from the public schools? An official sanitary survey of the schools of our State informs us that in more than two thousand public schools in Indiana no such regulation is ordered or enforced. I might enlarge upon this point, but will simply point out a few of the grossest errors:

With a view of ascertaining full knowledge of these preventable diseases, blanks for reports upon typhoid fever, smallpox, diphtheria, and scarlet fever have been prepared and distributed by the State Board of Health wherever those diseases have prevailed to any extent. These reports indicate the fact that in many counties the danger of these infectious diseases is not comprehended, and just in proportion to the conception of the dangerous character of these diseases are they circumscribed and restricted. Thus in two counties of the State, when the deaths from diphtheria have been excessive, the Health Officers report that

their physicians and people do not regard diphtheria as contagious or infectious; isolation and disinfection are not practiced; funerals from diphtheria patients are public, and the coffin opened at the church or cemetery.

In all counties where smallpox, scarlatina, diphtheria and typhoid fever are dreaded and understood, these maladies are checked and held in abeyance; but where ignorance and obstinacy blind the judgment, these diseases run riot.

A year and a half ago a physician in Indiana, who is a violent opposer of vaccination and not afraid of smallpox, carried that loathsome disease in his clothing, communicated it to two patients, and to a lady at his own table, who lost her life thereby.

Recently, in Indianapolis, a Catholic priest, young, educated, and promising, who had never been vaccinated, in spite of the warning of Health Officers visited the bedside of a patient dying with hemorrhagic variola, and in eighteen days that priest paid his life as a forfeit to his mistaken sense of duty.

A short time ago a student at the normal school in Valparaiso, Indiana, was ordered to be vaccinated in consequence of an exposure to smallpox. He obstinately refused to surrender his "natural rights," as he termed it, was excluded from school, came to his home in Indianapolis, where he sickened and died from the loathsome malady, and as a legacy, communicated the disease to his mother, sister, and two brothers, all of whom, save the sister, died from it.

A few months ago, in one of the largest counties of our State, a clergyman gathered the children of a parochial school around the open coffin of a child, dead from diphtheria. After marching around the coffin for a few moments, each little child kissed the poisoned lips of the corpse, and went home, where twenty cases of diphtheria and several deaths paid the penalty of their sin.

In a southern county a similar occurrence took place in a public school, and a number of deaths was the result.

A clergyman in one of Indiana's most flourishing towns, in spite of the protest of a county health officer, visited the house and ministered at the funeral of a child dead from malignant scarlet fever. He carried the disease to his own family circle, and two beautiful children died from it, victims to his obstinacy.

Not long ago a physician in Indianapolis was summoned by telegram to visit, in consultation with a county health officer, a

*Read before the Indiana Third District Medical Society at New Albany, October 24, 1884.

little boy sick with diphtheria, who lived in a city forty miles from the capital. Upon his arrival at the bedside he saw that death was inevitable. With a sad heart he turned to deliver his opinion to the afflicted parents, and saw their only remaining child, a beautiful babe, quietly sleeping in its cradle in the sick-room, within a few feet of the dying boy. He inquired if it had been there during the boy's sickness, and was informed that it had. Ordering it removed, he expressed his fears that the seeds of the malady had already been planted in its body. His worst fears were realized. In four days after this, that father and mother were left childless.

Whenever sanitary science is as fully appreciated and comprehended as its importance demands, these special causes of disease will be either abolished or so controlled as to be robbed of their terror. This is not a Utopian dream, but a careful statement fully warranted by facts.

Formerly the black plague devastated many portions of our earth, and cost Europe alone twenty-five millions of lives. That pestilence is now driven from the face of the earth. It is a thing of the past, and will not again be possible until sanitary science is forgotten.

Two hundred years ago smallpox was the cause of ninety-six out of every one thousand deaths in England, and sixty-six and a half out of every one thousand deaths in Germany. Now the mortality from this disease in these countries is less than *one* in a thousand.

The annual-saving of human life in Europe by vaccination is equal to one tenth of her standing armies. In Mexico three and a half millions of people perished by one visitation of smallpox. If the one hundredth part of that number should in the present advanced age of sanitary progress die from this malady in any nation, the civilized world would stand aghast in horror.

Within the last thirty years the deaths from typhus, typhoid, and continued fevers have fallen fifty per cent. Formerly typhus fever found a dwelling place upon nearly every ship and in every jail, and its victims were numbered by the thousand. To-day it is virtually abolished from the civilized world.

Scorbutus until recently was considered an unavoidable attendant upon shipboard in protracted voyages or detention in high latitudes. Yet so far has sanitary science mastered it that now it is considered as evi-

dence of culpable negligence for a case of it to occur on shipboard upon any of the seas. Lieutenant Greely's party remained nearly three years in the Arctic regions, and their privations and sufferings from want of food were unparalleled in history. Yet so fortified were they against scurvy that not a single person among those who were rescued or those who died suffered from it.

"Preventive Medicine" has again and again demonstrated its power over cholera and yellow fever.

A few years hence and the American people will look back with wonder and astonishment upon the almost criminal negligence that has marked the conduct of State and National officials in respect to sanitation during the past decades. With such an extended coast line, so much of which is exposed to those exotic diseases which revel in the filth and squalor of the lazy, degraded inhabitants of the tropics, the conduct of the authorities in many of the States is inexcusable. We can now point back and trace to the jungles of India every scourge of cholera which has passed in such desolating waves over our American cities. Likewise, every outbreak of yellow fever which has fallen upon the sea-coast cities, from Boston to San Francisco, has been transplanted from the West India islands or Mexico. Why such tardiness has been displayed in throttling these monsters upon the margins of our borders is an enigma.

You all know how infectious smallpox is, and how destructive of life. You also painfully remember, in consequence of the unparalleled flood of February 1st, the unhappy condition of so many of our citizens in the valley of the Ohio. Crowded together under most unhygienic conditions, and so situated that infectious diseases might run riot among them. During the last year smallpox prevailed in twenty counties of Indiana, several of which were on the banks of the Ohio. Yet so faithful and efficient were the health officers of those counties that the deaths from smallpox averaged less than four and a half in each of the infected counties, not including, however, one wherein inexcusable carelessness caused thirty-five deaths. The mortality was only two and three fourths persons for each outbreak of smallpox. Contrast these figures with those that we might have expected had not "Preventive Medicine" and legalized sanitation been resorted to.

Diphtheria prevailed in fifty-six counties in Indiana during the last year, yet so careful and vigilant were the health officers and physicians that an average of only three and a half deaths in each of the infected counties occurred. Omitting one county,

where sanitation was not attended to, the average deaths were only three to each infected county. Contrast these figures with the former mortality from this disease. Even now in some parts of Europe the victims of diphtheria are numbered by thousands. In some portions of Russia thirty per cent of the children die of it.

Scarlet fever prevailed in fifty-three counties in Indiana during the last twelve months, yet the malady was so faithfully guarded against and so efficiently combated that an average of only *two and a half* persons died in each of the infected counties. Omitting, however, from this list one of the smallest counties in our State, where public funerals and exposure of the remains of those dying of the diseases were allowed, the mortality is only one and a half in each county where the disease prevailed. This was no accidental immunity from the ravages of scarlatina. It was the result of careful and intelligent sanitary oversight and skill.

These are facts and figures founded upon official records, and they demonstrate the great value of preventive medicine with the therapeutical management of disease. We have no controversy. The sanitarian and physician are inseparable. Armed with sanitary science and skill, the wise physician meets these maladies with unshaken confidence in his power over them, and he victoriously pushes the battle. When one of these diseases falls upon a household, the enlightened physician acts as if a wild beast or a venomous serpent had gained access to the family circle; the exposed members are quickly removed to a place of safety, and the destroyer is destroyed ere it enters upon its march of death. I know of no prouder achievement of medicine than the practical demonstration of its power to overcome these maladies. A physician who boldly stands between the public or his patient and these affections and demonstrates the protective power of "Preventive Medicine" earns for his chosen profession a fadeless crown, and for himself the lasting gratitude of humanity.

"We live for those who love us,
For those who know us true;
For the heaven that shines above us
And waits our coming, too;
For the cause that needs assistance,
For the wrongs that need resistance,
For the future in the distance,
For the good that we can do."

INDIANAPOLIS, 1884.

A CASE OF SPORADIC CHOLERA.

BY FRANK S. TRIPP, M. D.

The following case occurred in the practice of my friend, Dr. William Pennebaker, and from his case-book I take the following clinical history:

Mr. A. K., aged fifty, single, farmer, well developed and nourished, previous health good, was suddenly attacked on the afternoon of August 30th, about four o'clock P.M., with vomiting and purging. He had been in usual health up to that time. There was no prodromic diarrhea or nausea. The purging and vomiting recurred at intervals of ten or fifteen minutes for about two hours, when he became wholly unconscious. The stools were preceded by little or no pain, and emesis by nausea. When I called the patient was comatose, and in collapse. Pulse not perceptible; skin cold, clammy, and of a color resembling the "bluish, leaden-hued skin of epileptics after the long-continued use of nitrate of silver." The pupils were dilated and the respirations were not perceptible.

As he had been in this extreme condition but a short time, artificial respiration was applied at once. The bowels moved spontaneously. The stools were odorless, watery, and contained the "rice-grain" deposit. Respiration showed a tendency to return. Morphine sulph. was given by mouth, and hot applications made to the extremities and abdomen. Respiration was resumed without further assistance in a few minutes. The patient vomited the morphine, and more was given hypodermically. Consciousness returning, severe cramps in the muscles of the calves were complained of.

As soon as the patient had revived sufficiently to know those around him, the purging again induced the condition of collapse, making artificial respiration once more necessary. Morphine was given under the skin. He became conscious, and in the course of an hour the purging ceased. I ordered an enema of one dram tincture of opium in starch-water, repeated every two hours until four o'clock A.M., when the bowels were checked. The pulse was weak, slow, and irregular, and the mental faculties sluggish. The thirst was intense. The patient vomited several times. Ordered

Quinæ sulph. ʒj;
Acid. sulph. aromat. ʒiv;
Syrupi, } aa ʒj.
Aque dest.

M. Sig: One dram every two hours, alternated with pepsin gr. v.

August 31st, P.M., the pulse was about one hundred, and weak. The skin inactive and cold. The kidneys acted for the first time at noon, but the secretion was scanty. The patient complained of lumbar pain.

Convalescence was slow, but not characterized by the typhoid condition which so often follows reaction. Syrup hypophos. comp. was given during this period, and great care was found necessary in regard to diet during his return to health.

The above seems sufficiently important to report as a case of sporadic cholera, especially as such interest is being shown in the course of cholera abroad, and the probability of its dread visitation next year.

The clinical history presents all of the symptoms of a so-called fulminant case of true cholera. The first thing noticed is an absence of all prodromal symptoms, which in the majority of cases occur; next, the early appearance of the algid stage, which naturally would appear at an earlier period with prodromic symptoms absent. In this condition the patient was to all appearances moribund, the respirations and pulse being imperceptible, and the resort to artificial respiration would seem to have been the only thing that could coax the ebbing tide of life back again. It is to be regretted that the thermal range was not taken, both during the stage of collapse and after reaction had set in. As far as could be discovered without the thermometer, the fever during reaction did not run very high, or continue longer than a day or two. The muscular cramps in the extremities and suppression of urine were marked features. The urine was not tested for albumen. Absence of uremic symptoms, and also of the typhoid condition during convalescence, would appear rather exceptional when we take into account the gravity of the case. However, recovery was slow, with considerable gastrointestinal irritation.

PLEASANT HILL, KY.

THE Therapeutic Gazette will hereafter be editorially managed in Philadelphia. The journal is to be considerably enlarged, in pages and scope, and will be edited by Drs. Horatio C. Wood, and Robert Meade Smith. It was, under the able management of Dr. Brodie, a periodical of wide influence and real usefulness, and if it is to eclipse its former record the profession may expect of it some great and brilliant work.

Miscellany.

AMERICAN NOTES.—Under this title Mr. Lawson Tait contributes to the Birmingham Medical Review for December a sprightly review of the chief incidents of his recent visit to this country. The great surgeon was evidently delighted with the courteous attention bestowed on him by the profession in our Eastern cities and in Canada. Among many very complimentary things, Mr. Tait says: "American doctors regard a run over to Europe every few years as a kind of class taking in a cosmopolitan post-graduate college, and from what I have seen of surgical practice on our own continent, in this country, and in America, I have no hesitation whatever in recording my opinion that it would be vastly beneficial to both continental and English surgery if return visits were made in larger numbers. I do not say we are lacking either in surgical culture or in earnestness of purpose, but on the great Western Continent there is an enthusiasm, a vivid interest in life, a regular go-a-headedness of which it would be well if we had a stronger infusion. The general summary of my visit to the United States and to Canada may be briefly put in the statement that no Englishman can obtain a reasonably full grasp of how the world is moving, or of the numerous phases of life, medical and surgical, as well as others, until he has seen life across the Atlantic."

SIR ANDREW CLARK ON ALCOHOL.—In a discourse to the Young Men's Christian Association at Exeter Hall, Sir Andrew Clark treated lucidly and charmingly of health, rightly laying down, as a first condition, proper food, with temperance in eating; and, as a second, the nearly as essential condition of labor. Health, in its truest sense, is a luxury unknown to the gourmand and the drone. To be thoroughly healthy, as to be thoroughly happy, one must work to secure a genuine appetite and relish for wholesome fare, and the fare must be temperately enjoyed withal. On the burning question of alcohol, Sir Andrew's statement of certain facts was accurate and timely. As he justly said, the perfectly healthy man is better without alcohol, which agent was not a helper, but a hinderer, of work to such an one. Though he was sure of this, yet it had never been proved (he did not say whether it really

was so or not) that a small quantity of an alcoholic liquor taken, say twice daily with meals, was injurious. If some of our abstaining brethren in their zeal for the propagation of their favorite theory would only bear in mind this latter fact, we can assure them that the progress of total-abstinence principles in the profession would advance at a rate hitherto unknown. There is a physiological quantity needed to produce certain appreciable effects in the living body, and of the harm or benefit of any dose under this physiological quantity we have had as yet no reliable evidence. It is possible that this quantity may, by future observation, be found to have been put at a higher amount than more extended investigation will warrant. Agreeing in the recognition of this fact, there is ample scope, beyond the physiological quantity, for argument *pro* and *con* on the system of nephalism in the general tendency to intoxicating beverages to narcotize, derange, and disturb. Discussion would thus be conducted in consonance with sound physiology and common sense. We would venture to suggest that, perhaps, to an assembly of young men, there was little need for bringing into prominence the exceptional cases apparently benefited by a daily modicum of alcohol. Young Englishmen, in general, fully believe in all the reputed virtues of alcohol, but comparatively few believe that, unless in very exceptional instances, the best of health is compatible with the habit of total abstinence.—*British Medical Journal*.

SURGICAL INSTRUMENTS OF THE SECOND OR THIRD CENTURY.—The *Union Medicale* gives an interesting account of some old instruments discovered by M. Toulouze while making excavations on the site of an ancient Roman way, on the *rue Clovis*, in Paris. The first one had a shaft fourteen centimeters long, terminating in an olive-shaped knob at one end, and being curved like a crotchet at the other. It was probably used as a probe in cases of foreign bodies at the bottom of a deep wound. The second was a small bronze ear-scoop. The third was an epilation forceps. M. Toulouze assigns these articles to the age of Galen.—*New York Medical Journal*.

MIXED ANESTHESIA.—The practice of preceding the inhalation of chloroform or ether by a subcutaneous injection of morphine or of atropine is advocated by Columbel (*Lyon Med.*), who states that the

narcosis is more rapidly induced and more complete, that the unpleasant after effects are avoided, and that the atropine diminishes the irritability of the cardiac ganglia, thus lessening the danger of paralysis of the heart.—*New York Medical Journal*.

[The Louisville Medical News, in an editorial written more than a year ago, advocated, upon theoretical grounds, a similar measure. We are glad that our home contemporaries have caught the idea, although they put themselves to the unnecessary trouble of fishing for it beyond the sea. See Louisville Medical News, Vol. xvi, No. 8, p. 123.]

DRUGS AND MEDICINES OF NORTH AMERICA.—The December number (Vol. 1, No. 4) of this valuable contribution to the literature of pharmacy is received. The entire number is devoted to a thoroughgoing presentation of the medical and chemical properties of the *hydrastis canadensis*. It is much to the credit of our sister science that the pharmacists of this country have given the journal substantial encouragement, and we believe that all well-informed physicians will see in it an opportunity for gaining valuable information regarding our many native medicinal plants, which they can not afford to let pass. The journal is edited and published by J. U. and C. G. Lloyd, 180 Elm Street, Cincinnati, Ohio, and is held at the almost nominal subscription price of \$1 a year. Back numbers from the beginning of the journal may be had upon reasonable terms.

THE BACILLUS OF SYPHILIS.—Dr. Sigmund Lustgarten describes a "specific bacillus of syphilis" (*Wiener Medicin. Wochen.*, No. 47, 1884) which he has discovered in the initial lesions and in gummata of syphilis. It is of about the same size and appearance as the tubercle bacillus, and lies in small groups inclosed in the somewhat swollen lymphoid cells. The organism is distinguished from other bacilli by its staining and peculiar grouping. The investigations of previous discoverers of syphilis germs are characterized as being "tinctured with grave errors."—*Medical Record*.

DR. HENRY GIBBONS, of San Francisco, California, is dead. He was the founder and for many years the editor of the Pacific Medical Journal. He was also one of the founders and teachers in the Medical College of the Pacific. Dr. Gibbons was

born in Wilmington, Del. He graduated in medicine from the University of Pennsylvania in 1829, and moved to San Francisco in 1850. He dies at the ripe age of seventy-six years. He was a man of large influence in his day, and leaves behind him the record of a life devoted to truth, science, and humanity.

THE Journal of the American Medical Association of this date has a treat for its readers. In consequence of a by-law or standing rule of the American Medical Association, a full list of its members must appear in the transactions once every third year. The editor therefore announced last week that the next issue of the Journal would be made up of the names of members, the librarian's annual catalogue of additions to the library, and the title page with full index of the third volume.

IN a case of lupus, in which the disease had already done much damage to the side of the nose, the cheeks, and the eyebrows, Dr. Marshall (*Algem. Wiener Med. Zeit.*) succeeded in healing the ulcer with salicylic acid. He employed an ointment containing 3j. of the acid to 3j. of vaseline. The cicatrix obtained was flexible and smooth. Altogether the result of treatment was very gratifying, and the author warmly recommends the use of the drug in similar cases. *Medical and Surgical Reporter.*

DR. JOHN CHARLES FAGET, an eminent Creole physician of New Orleans, died on the 7th inst. He was born in New Orleans in 1809. He was educated for medicine in Paris, and held high rank in the profession. He was the author of several standard works on yellow fever and kindred diseases. After the epidemic of 1867 he was created a Chevalier of the Legion of Honor by Napoleon III for his services in behalf of his needy countrymen.

AT the last meeting of the New York Society of Medical Jurisprudence, held December 11th, Dr. Frank H. Hamilton was elected president; Hon. Amos Hull, vice-president. The secretaries (recording, financial, and corresponding) are Dr. George W. Wells, Max F. Eller, Esq., and Dr. J. F. Chanveau. The treasurer is Dr. A. M. Jacobus.

THE subscriptions to the Rabboth memorial fund amount to one thousand dollars.

MAHARANI SURNAMAYI, of Cossim Bazaar, Moorshedabad, one of the millionaires of Bengal, and already well known for her munificent liberality, has given a lakh and a half of rupees toward the scheme for providing separate classes for female medical students at the Calcutta Medical College, and has promised to increase the gift to eight lakhs, should a separate college be provided.

THE Medical and Surgical Reporter says that Dr. Arning, at present in Honolulu, excised portions of the ulnar nerve in two cases of pure anesthetic leprosy, and found bacilli lepræ in the connective tissue between the nerve fibers. This is the first time that the presence of bacilli has been demonstrated in the pure anesthetic form of leprosy.

A SEWAGE BESIEGED CITY, is the name given by the Boston Medical and Surgical Journal to Providence. The city is now called to pay the bitter penalty which time lays to its charge for the practice of casting its sewage into the nearest water course. The price of reform is estimated at \$3,500,000.

THE SWALLOWING OF A SHAWL PIN.—Dr. F. W. Smith, of Syracuse, N. Y., states, in the Record of December 20th, that he has recently attended a woman who had accidentally swallowed a shawl-pin four and a half inches long. It was passed by rectum three days later, and caused no suffering or other inconvenience.

THE Biological Department of the University of Pennsylvania was formally opened on the 4th inst. by Provost William Pepper. Addresses were made by Drs. Harrison Allen and Joseph Leidy.

TRASTOUR claims that Lugol's solution or iodide of calcium is the most powerful of antisyphilitics. He gives the former to the amount of 3iij to 3jv daily (!!).

DR. H. V. SWERINGEN, of Fort Wayne, Ind., has been called to the Chair of Materia Medica and Therapeutics in the College of Physicians and Surgeons, Chicago.

THE Medical Record says that the loneliest doctor in the world is the ophthalmologist who hasn't written an article on cocaine.

The Louisville Medical News.

Vol. XVIII. SATURDAY, DECEMBER 27, 1884. No. 26

H. A. COTTELL, M. D., - - - - - Editor.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editor is not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the Editor of the Louisville Medical News, Louisville, Ky.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

GASTRITIS FAVOSA.

A pathological specimen of unique character was brought before the Vienna Imperial and Royal Society of Physicians on the 28th of November, by Professor Kundrat. It was a stomach taken from a patient who had suffered for some time with favus universalis. The disease had given rise to an abscess of the thigh, and the case had ended fatally in consequence of a severe gastro intestinal disorder, marked by an uncontrollable diarrhea.

The mucous membrane of the stomach showed numerous erosions mingled with diphtheritic swellings, while some foul putrescent masses and much mucous were found in the intestines.

The learned professor on seeing the specimen at once declared the lesion of the mucous membrane to be due to favus, and a microscopic examination confirmed the diagnosis by demonstrating the presence of the achorion Schönleini in the so called diphtheritic swellings. It is stated that the naked-eye appearances of the gastric mucous membrane closely resembled the characteristic favus cups of the skin. But little of the fungus was found in the bowel, and it was the opinion of Professor Kaposi that the micro organism had been destroyed by putrefaction in this situation.

The case had, at a previous meeting of the Society, been exhibited as a rare example of favus universalis, the disease having taken possession of the entire cutaneous surface, and the finger-nails.

This remarkable freak of the favus fungus, which has hitherto been looked upon as a cutaneous parasite only and incapable of extending its ravages to the mucous-lined cavities of the body, excited the wonder of the assembled savants, and gave rise to considerable discussion.

Professor Csoker, of the Vienna Hospital for Animals, testified that he had never seen a like manifestation of the disease in cats, notwithstanding the fact that these animals frequently eat rats whose skins are infested with tinea favosa.

Professor Bamberger believed that in this case the gastric mucous membrane must have been in a peculiarly unhealthy state, which made it for the time a nidus for the growth of the fungus.

It was, however, maintained that the mucorineæ, unlike the schizomycetes, are able to proliferate in acid fluids, and that therefore they may produce their characteristic lesions in the stomach, with probably fatal results in every case, if once they are permitted to enter the alimentary canal. This would seem to be clearly the first recorded case of favus disease in the stomach and intestines, though doubtless it has often occurred unnoticed in patients suffering with this loathsome blight. The fact that such a serious extension of the disease is possible, gives to favus an importance of great moment, and suggests precautions in management and treatment never before thought necessary by the dermatologist.

Another point in the above case is worthy of careful investigation, though it is treated in the account with a passing remark. It is the occurrence of an abscess in the thigh in consequence of the parasitic disease. Was the abscess large or small; was it deep seated; did it contain the micro-organism of favus, and if so how did the latter find lodgment in the subcutaneous tissue? It

is a well-known fact that achorion Schönleinii is one of the most hardy, inveterate, and persistent of all parasites, that it will resist the action of most germicides, and that its spores will live for a very long time in almost any natural medium.

It is also well known that while the fungus is usually confined to a hair-follicle or the corneous scales of the epidermis, that the cups may crowd the papillæ and produce a cellular infiltration which presses upon the cutis, while the surrounding area becomes the seat of inflammation. Suppuration is therefore sometimes an accompaniment of the disease, the surrounding or subjacent tissue being the seat of ulceration or abscess. Now, if this solution of continuity should open a blood-vessel or lymphatic, it is possible that the spores, which on an average are about half the diameter of a red-blood corpuscle, may be carried into the circulation, where they would live until lodged in some tissue favorable to their development. It is believed and taught by the authorities that the fungus can thrive only at the roots of the hair, or in epidermic scales; but if it be true, as the case above quoted seems to prove, that the epithelium of mucous membranes can serve as a nidus for the growth of the spores, it is not out of the range of possibility that in severe chronic cases attended by ulceration of structures surrounding or situated beneath the cups, that they may, through the medium of the blood, be transported to any mucus-lined viscus, and there produce the characteristic lesions of the disease.

Of course it is easy, and doubtless more rational, to account for the appearance of the fungus in the stomach of the patient above named upon the hypothesis that the spores passed by way of the mouth through the medium of the fingers directly, or in the food; but theories are cheap, and we throw this one in free of charge, with the hope that it may amuse the dermatologist, if it does not account for the transplantation of the fungus. At the same

time we shall hold our risorial muscles in readiness for a violent topic spasm in case the achorion Schönleinii should, in the not distant future, be discovered in some organ whose interior has no avenue of communication with the outer man, save the blood-vessels and lymphatics.

Bibliography.

A Text-Book of Pathological Anatomy and Pathogenesis. By ERNST ZIEGLER, Professor of Pathological Anatomy in the University of Tübingen; translated and edited for English students by Donald MacAlister, M. A., M. B., M. R. C. P., Fellow and Medical Lecturer of St. John's College, Cambridge. Part II, Special Pathological Anatomy, sections 1-8. Wood's Library of Standard Medical Authors. New York: William Wood & Co. 1884.

The peculiar merits of this great work were duly commented upon in our review of Part I, which was issued in the Library for 1883. It is now scarcely necessary to do more than indicate the topics discussed in the present volume. It is divided into eight sections: Section 1 treats of the Blood and Lymph; section 2, the Vascular Mechanism; section 3, the Spleen and Lymphatic Glands; section 4, the Serous Membranes; section 5, the Skin; section 6, the Mucous Membranes; section 7, the Alimentary Tract; section 8, the Liver and Pancreas. The illustrations are excellent, and the text is developed with the wonted care of this great teacher. Sections 3 and 5 are worthy of special note, as dealing with topics marked by recent and rapid development.

Those parts of the work which treat of parasites and the germ theory of disease, will also prove of peculiar interest to the student since they contain so much that is new and of substantial worth.

The Formation of Poisons by Micro-organisms: A Biological Study of the Germ Theory of Disease. By G. V. BLACK, M. D., D. D. S. Philadelphia: P. Blakiston, Son & Co. Price, \$1 50. 1884.

This work embodies a course of lectures delivered before the students of the Chicago College of Dental Surgery. The first part of the book is historical, and passes in review every trace of knowledge, observation, discovery, and discoverer, which may

have any bearing upon the great germ theory of disease, from the disinfectants used by Ulysses down to the substantial developments of Koch and Pasteur.

The second part deals with ferments by which many micro-organisms are supposed to be related to disease. In this department the author treats briefly but justly the phenomena of inflammation, sepsis, the *modus operandi* of pathogenic micro-organisms, ferments, and the formation of cadaveric alkaloids. The work closes with an appendix which is devoted to dental caries, a department of pathology in which he is much at home.

The work as a whole is erudite, philosophical, sound and tempered by a spirit of conservatism, which can hardly be said to be characteristic of the disciples of this new school. In it the author makes no substantial contribution to our knowledge of the subject; but it must be said that he discusses the question fairly, has shown great industry in the gathering of materials, and has done a good work for the student by placing in his hands a means for quickly familiarizing himself with a subject which, till the appearance of this book, was not embodied in any systematic treatise.

The Elements of Physiological Physics. An Outline of the Elementary Facts, Principles, and Methods of Physics, and their Application in Physiology. By J. MCGREGOR ROBERTSON, M. A., M. B., C. M., Murthead Demonstrator of Physiology, and Assistant to the Professor of Physiology in the University of Glasgow. Illustrated with 219 engravings on wood. Philadelphia: Henry C. Lea's Son & Co. 1884.

The object of this work is to afford the student of medicine a ready means for acquiring such preparatory knowledge of physics as will enable him to understand readily a frequently neglected part of a course of lectures in physiology. That a place existed in scientific literature for just such an elementary treatise is evident to all who have ever essayed to teach physiology. The standard works on physics are too prolix and abstruse for the student who may be limited as to time, while the standard works upon physiology are too much crowded with the essential details of histology and biological phenomena to afford space for the proper explanation of the principles of physics, and the mechanical devices necessary to their clear demonstration. This book will be found much to the student's taste. It is simple and systematic,

and the language used is so concise and clear that it may be read through almost at a sitting with entertainment as well as profit.

Materia Medica and Therapeutics: An Introduction to the Rational Treatment of Disease. By J. MITCHELL BRUCE, M. A., Aberd. M. D., Lond., F. R. C. S. Philadelphia: Henry C. Lea's Son & Co. 1884.

This work is indeed remarkable in that it treats satisfactorily, in a small space, a wide range of topics. The author, who is a disciple of Brunton & Quain, makes physiology the basis of his therapeutics, discarding all arbitrary classifications, and reducing all empirical methods of procedure to the minimum. Though the manual is essentially a work in therapeutics, it devotes sufficient space to the discussion of materia medica to make it worthy of its title, and is thus fitted to serve the physician's needs as a hand-book in practical work.

The author's classification of remedies is ever with a view to their physiological action, and the physician will find it a marvel of convenience when desiring to find in a hurry a medicine which will be likely to meet any given symptom. As a book for the office table, or as a pocket companion, it is destined to be widely popular.

Correspondence.

Editor Louisville Medical News:

I herewith send you an account of an interesting case of head injury which is out of the usual order, on account of its peculiar train of symptoms, and recovery after eleven days of unconsciousness.

Lida Turner, aged eleven years, was, on November 14th, thrown from a horse and dragged a hundred yards, her foot having hung in the stirrup. On being taken into the house she was found to be suffering from symptoms of cerebral concussion. Reaction of the circulation was brought about after several hours, although she was unconscious to all her surroundings, with the exception of pain which she experienced on being moved. Several slight bruises were found over the back and one blue spot over the right temple with an ecchymosis of the conjunctiva of the corresponding eye. So far as we could determine no fracture existed. She remained in a semi-

comatose condition for eleven days, during which time she appeared as if sleeping, and would show no sign of recognition on being called to in a loud voice. She evinced no disposition to move her body or limbs, although the only paralysis noticeable was a slight immobility of the muscles of the face on the right side. When food was placed in her mouth she would swallow in a mechanical way. The temperature varied from 99-101°. The pulse fluctuated from 96 to 108, and at times was feeble and disposed to intermit. Pupils slightly dilated, but responding readily to light. There was no trouble with bladder or bowels, although a soap suppository was used on three or four occasions. One symptom I would note here, a vesicular eruption appeared on the right side of face, following the course of the facial nerve.

On the twelfth day she returned to consciousness, and would answer questions requiring only the use of the words "yes" and "no." She had almost entirely lost her vocabulary. From the twelfth to the eighteenth day she began to recall her vocabulary, and would express herself in short sentences; but on being asked several questions she would become confused and find herself unable to co-ordinate her words with her ideas. Another interesting feature was the change that came over her disposition. Before the accident she was amiable and quite choice in her language. She became abusive, and seemed to make an effort to find ugly words with which to express her dislikes. The treatment was directed mostly to symptoms. Bromide of potassium, stimulants, and strychnia were given as indicated. At this time, the 22d, the patient is quite recovered and can converse with but little difficulty.

JNO. M. FOSTER, M. D.

RICHMOND, KY., Dec. 8, 1884.

AN ANENOEPHALOUS CHILD.

Editor Louisville Medical News:

I was called at 5 o'clock A. M., October 9th to attend Mrs. X. She was in her fifth labor, and had had one miscarriage. Her third child, a boy, born at full term, had spina bifida in the lumbar region, but was otherwise healthy and well-developed, and lived about five months. All her other children were well developed.

Upon examination I found the mouth of

the womb well open, the membranes unruptured and containing a great quantity of water, but the presenting parts were too high up to be recognized. Although I could feel through the membranes several points, I could not tell any thing about them. Fearing I would have trouble because of my failure to recognize the presentation, I sent for assistance and instruments: but before either reached me the membranes ruptured, and, the pains being strong, the fetal parts came down within reach. I could now feel the mouth, eyes, ears, and nose, but no head.

The pains continued, and at 11 o'clock the child was born. It was a girl and well developed in body, but the head was without occipital and parietal bones and brain. There was a thin glistening membrane covering the back of the child's head which ruptured at the time of its birth and left the whole posterior surface of the facial bones in view. The mouth and ears were natural, the nose small and flat, but the eyes were very large, round and prominent, looking directly upward, and giving the child a very striking resemblance to a frog.

I know that instances of arrest of development like the above are not very rare in obstetrical literature. For instance, Dr. Pittmann, of Lutesville, Mo., in the Southern Practitioner, of July, 1884, reports a case corresponding in every particular to the above. He is disposed to record it as an instance of maternal impressions upon the fetus in utero, the mother in his case having cut the skin off the back and head of a frog while hoeing corn in the field when she was about three months advanced in pregnancy.

In my case we have the same mother giving birth to two children with the same character of deformity, and there is another fact worthy of notice, that in both of these pregnancies there was an unusual quantity of amniotic fluid. How are we to explain this? or what connection exists between this deformity and the excessive amount of waters?

JOHN A. HAMILTON, M. D.

GEORGETOWN, KY.

DR. LOUIS A. DUHRING, of Philadelphia, has been elected an Honorary Fellow of the Dermatological Society of London.

Dr. C. B. WITHEREL succeeds Dr. Jay Owens in the editorship of the Northwest-
ern Lancet.

Selections.

LUMBAR NEPHRECTOMY FOR RENAL CALCULUS.—Henry Morris, M. A., M. B., F. R. C. S., reported before the Royal Medico-Chirurgical Society, November 25, 1884, a case in which this operation proved successful. (*British Medical Journal*.) A laborer, aged thirty five, who had suffered from well-marked symptoms of renal calculus of the right side since the end of 1881, and had been under the care of Dr. Douglas Powell at the Middlesex Hospital, came again under treatment in October, 1883. In November, 1882, Mr. Morris had explored his kidney digitally, and with the probing needle, but did not detect the stone. On October 24, 1883, the exploration was repeated, but, again failing, the kidney was removed through the lumbar incision. The patient made an uninterrupted recovery, and at the present time is hard at work as a charcoal-burner—"is as well," his medical adviser reported, "as ever he was in his life, and able to work without the slightest inconvenience." The kidney excised was of normal size and appearance, and its secreting structure was found by Dr. Coupland on microscopical examination to be quite healthy. The organ, however, was harder and tougher than usual, and contained a rounded rough calculus, about the size of a marble. Careful daily examination was made of the urine by Mr. Paul both before the nephrectomy and for more than six weeks after the operation, so that the rapidity and power with which one kidney could take on the whole of the excretory function was shown in a table which formed part of the paper. The results were equivalent to those of a simple physiological experiment, because a healthy kidney (so far as its excreting substance went) was removed, and a healthy one was left behind. A comparison was made between the lumbar and the peritoneal methods of nephrectomy. It was shown that the arguments which had been used in favor of the peritoneal operation were more theoretical than practical; and that, if followed out, they were likely to lead to pernicious results. The conclusion arrived at was that lumbar nephrectomy was, as a rule, the better operation, though there were exceptional circumstances and certain diseased conditions in which the abdominal method was preferable. In nephro-lithotomy, the lumbar incision, and that only, ought to be

employed. In judging of the condition of the kidney opposite to the one to be removed, we had to depend upon the general symptoms of the case, and upon the amount of urea daily excreted. But it was not correct to infer that the kidneys were diseased because they excreted a daily average quantity of urea even less than half the standard quantity. Persons who had long been living an invalid life, and who had lost much flesh, might, with perfectly sound kidneys, eliminate not more than from .8 to 1.8 per cent of urea in the thirty to thirty-five ounces of urine that they passed in a day.

Mr. Bryant congratulated Mr. Morris on his success, and proceeded to touch on the many interesting points in his case. In the first place, as a physiological experiment, it was important, as showing that a patient might do nearly as well with one kidney as with two. Again, the difficulty of diagnosis of the calculus, even after handling and probing of the kidney, showed that nephro-lithotomy must, in all cases, be at first an exploratory operation. It would certainly have been better to have taken away the stone and left the kidney; hence he felt the importance of Mr. Morris's suggestion to incise the pelvis of the kidney in future cases in order to make the search for the stone more complete. In excision of renal calculus, he thought the lumbar operation preferable to the peritoneal, as giving a better access to the pelvis of the kidney, which lay behind the vessels, and was, in many cases, the most important point for incision. A more general and more important point was, what was sufficient to justify the removal of the kidney. In pyonephrosis and hydronephrosis, he was inclined to think it was hardly ever necessary; by washing out and draining the tumor through the loin, the cyst withered, and generally a small discharging sinus was left, which was not enough to have justified a larger operation. He had himself never removed a kidney, but he had drained three fluid tumors of the kidney, with results which showed that more would not have been justifiable. In one case there was still a sinus discharging about four ounces daily, but that was comfortable and no further operation was thought of. In some cases of very slow improvement, he had at first regretted that he had not removed the whole kidney, but afterward had lost his regret on seeing them slowly recover.

A CASE OF PYO-PNEUMO-THORAX.—The patient was a woman. In the previous June she had had pain in the left side, with much shortness of breath. This, after lasting some weeks, got better, but she never recovered her appetite, and got thinner and weaker.

In the beginning of October she took to her bed with severe pain and fever, very short breathing, and bad cough. About the 10th of October she suddenly began to cough up fetid pus, and continued to do so for some days. This ceased, but she became very much weaker, with great shortness of breathing and much pyrexia. I was then asked to see her, and upon examination I found the left side of the chest everywhere dull, even to the apex of the lung, and the apex beat of the heart to the right side of the ensiform cartilage. I procured her admission into Warneford Hospital, under my care, on November 9th, and the same afternoon, after having proved the existence of foul pus by means of a subcutaneous syringe, I made an incision in the back in the line of the angle of the scapula, between the eighth and ninth ribs, and evacuated forty ounces of intensely fetid pus; I then inserted a drainage-tube, through which I found that upon coughing air escaped as well as pus. The immediate effect was to give great relief and to mitigate all the symptoms. Charcoal poultices were applied, and tenax over all. For more than a fortnight she went on well, discharging about three ounces of pus a day, and always expelling air when she coughed. On the 27th she felt unwell; there were about four ounces of pus discharged, which smelt badly. 28th: Better; upon examination apex beat of heart found to be in normal position, and vesicular breathing at apex for two inches below clavicle, both anteriorly and posteriorly.

On December 2d I put in a drainage-tube closed at one end by means of a silk ligature, the end of which was passed through one of the drainage holes and down the whole length of the tube and secured outside the chest. To the end of the tube I attached a small ball valve, which permitted the discharge to pass out but not air to pass in. 3d: Very little discharge. 4th: Side swollen round the wound. On this day the temperature went suddenly up to 105°, and pulse 148. The tube was now removed, and about two drams of dirty-looking but not offensive pus escaped. 5th: Very little discharge, temperature 103°, pulse 120. 6th: Better; no discharge. 7th:

Erysipelas commenced at the wound and very rapidly extended from the middle of scapula to sacrum. For ten days she was seriously ill with erysipelas, which nearly carried her off. On the 15th she expectorated two ounces of most offensive pus. 16th: Erysipelas better, dying out; no discharge, so wound was opened with probe and drainage-tube reinserted, connected with a long tube which led into a large bottle of carbolic water placed under the bed. From this time she went on well, but for many weeks was able, when blowing her nose, to cause air to pass through the drainage tube and up through the bottle. Once when the bottle was placed on a table, so the ward might be swept, the tube acted like a syphon, and passed carbolized water into the pleura and lung, causing suffocative cough. Whenever the drainage-tube was removed the cough became troublesome and the temperature rose.

In February, 1883, I three times injected a weak, warm, watery solution of iodine, with the result of bringing on cough, and of seeing the subsequent expectoration, on each occasion, turn a solution of starch blue. In March she again had a high temperature. A long tube was introduced by means of a large strong probe as far as it would go, about four and a half inches, resulting in the escape of six ounces of pus, and an immediate fall of the temperature. After this she gradually improved, and was discharged, fat and well, on May 16, 1883, seven months after admission, but with the drainage-tube still in the chest. She attended, as an out patient, at the Hospital for about nine months to have the tube washed and cleaned. The discharge became less and less, and in March, 1884, I finally removed the tube, the wound immediately healed, and the patient became quite well. In August last she was confined of a healthy child. She is now quite well, quite fat and ruddy, no cough, and no expectoration, and weighs twelve stones.

It may be said that this was not, strictly speaking, a case of pyo-pneumo-thorax, but one rather of fistula communicating by a narrow sinus with a bronchus. In answer to this I should wish to point out that air escaped immediately after the first evacuation of forty ounces of fetid pus, and that for many weeks air always escaped upon forced expiration. Some distance—about five or six inches—down the india rubber drainage-tube which led into the bottle of carbolized water, I inserted a piece of glass,

so that one could always see what was passing down the tube and watch the oscillations of the fluid with inspiration and expiration.

I am aware that I made the incision lower than is usually recommended, but I did it designedly, because of the extent of the dullness and the obvious amount of effusion.

It is perhaps unnecessary to recommend that, before either free incision or paracentesis thoracis is practised, it is well to ascertain the contents of the pleura by means of an exploratory puncture with a subcutaneous morphia syringe with a very good vacuum, and in this way withdraw a syringeful from the cavity.—*Dr. Thomas W. Thursfield, in Birmingham Medical Review.*

COCAINE IN CHRONIC AFFECTIONS OF THE LARYNX AND PHARYNX.—During a recent visit to Vienna I have had daily opportunity of watching the effects of the drug from its first introduction at Prof. Schroetter's clinic, where, indeed, all the experiments have been carried on, Dr. Jelinek being an assistant of the Professor's, and I consider that the success attending the experiments has been on the whole complete, for I can testify to the ease with which polypi and papillomata were removed from the larynges of patients who had had no previous treatment. What a contrast to the tedious method we had hitherto to adopt in order that the larynx may be tolerant of the instrument we wished to use!

Dr. Jelinek advises a ten-per-cent solution in ordinary cases, and a twenty-per-cent solution when the full effects of the drug are required, as in operative treatment. For pharyngeal purposes, it is well that it should be used by means of a small swab made of absorbent cotton-wool, while for the larynx a thick soft brush is preferable, using the laryngeal mirror to guide the application of the brush. The solution is to be freely applied to the *whole* of the mucous membrane, and its effects will be noticed in about a minute or a minute and a half. It is well afterward to test the state of the membrane, either with a probe or a laryngeal sound, and if the local anesthesia is not found complete to make another application, and as a rule after the lapse of one minute the membrane will be sufficiently anesthetized to allow one to commence the operation. The effect lasts from ten to about fifteen minutes. It has been observed, and it is worth noticing, that if, by a too free application we excite an excessive flow of saliva, the latter interferes with the active principle of the

drug, and so we are liable to disappointment unless we apply it with care. And again, an alcoholic solution should not be used when we have to deal with an inflamed surface, for alcohol under such circumstances becomes an irritant, and so modifies the analgesic action. For endo-laryngeal operations the twenty-per-cent alcoholic solution is used, and the formula of the solution which is applied at Vienna is: Cocaine mur., one gram; sp. vini rect., two grams; aq. distill., three grams.

The following cases will illustrate the use of the drug: A boy, seven years old, was admitted into Prof. Schroetter's wards suffering from aphonia and dyspnea. On examination it was found that he had multiple papilloma of the larynx. Cocaine was applied, and the professor was able to remove with ease the greater part of the growths, without exciting spasm of the glottis. One or two other applications were made, and the result was that at the end of a week not a trace could be found upon the ventricles and cords of the multiple papilloma which had produced the aphonia and the boy had fairly recovered his voice, so much so that the whisper was replaced by a good note.

A man, aged forty-five, was complaining of distressing dysphagia. For two months he had existed on "sour milk," and this he could only drink in small quantities. Emaciated and almost worn out with constant pain, cocaine was applied to the lingual and laryngeal surface of the swollen and infiltrated epiglottis, and the relief was most marked. In a few minutes he was able to drink a good draught of water, and for the first time for two months to take a little solid food.

I had an opportunity a few days ago of trying the effect cocaine has upon a painful ulcerated throat, of septic origin. I was suffering from this form of sore throat, and had the greatest difficulty in swallowing liquids. The swallowing of saliva was at one time little short of agony, and, finding no relief from the usual remedies, I had a ten-per-cent watery solution brushed into my throat the last thing at night. I was soon relieved from pain, and in the morning I was able to take solid food with comparative ease.

To sum up, the uses of cocaine are:

1. To facilitate the use of the laryngoscope and rhinoscope, and so to aid diagnosis.
2. To ease pain and reduce swelling in acute affections of the pharynx and larynx.

3. To relieve the dysphagia due to tubercular perichondritis, or where due to ulceration, from whatever cause, of the posterior laryngeal wall.

4. To anesthetize the larynx for the performance of all endo-laryngeal operations.

I may have something to record later on of its use in some of the acute affections of the e.a.r.—*Dr. Christopher J. Lewis, in the Birmingham Medical Review.*

A CONTRIBUTION TO THE CLINICAL STUDY OF RÖTHELN OR GERMAN MEASLES.—It appears to be a somewhat general opinion that rōtheln or, as it is not infrequently called, German measles, is a disease of such minor importance as to be unworthy of scientific research; but a disease, the victims of which succumb as early as the fourth day, must be of sufficient importance to demand our attention and the best efforts of our armamentarium. Dr. W. A. Edwards, during the winter and spring of 1881-2, studied in the Philadelphia Hospital over one hundred cases of the disease, and the results of his observation he details in a valuable clinical paper in the October number of *The American Journal of the Medical Sciences*.

As regards the diagnosis, he says the eruption appearing on the third day, first in the face, its rapid extension, its gradual shading off into the surrounding skin, its elevation, more particularly in the center of the patch, which is also the brightest in color, together with the fact that desquamation first shows itself there, are all points which, as far as the eruption is concerned, render the diagnosis plain; furthermore, the rash almost at once occupied the whole body, and never presented a crescentic outline. The extreme drowsiness during the eruptive stages is a symptom upon which Cheadle lays some stress. It is Dr. J. M. Keating's experience that, however severe the attack may be, or how diffused the eruption, the contour of the face is never lost, and that by looking properly you can always see the zygomatic arch; this, he observes, is always obliterated in cases of either measles or scarlatina that are severe in character. *Sore throat* was *always* present; and in scarlatina it is directly in proportion to the type and severity of the disease. The more laryngeal character of the cough in rōtheln is also worthy of note. The pulse remains low, that is, much lower than a case of like severity of either measles or scarla-

tina. The fact that rōtheln propagates itself, and never gives rise to either measles or scarlatina, and, moreover, does not protect from these diseases, is a further diagnostic point that should claim our attention.

Dr. Edwards highly recommends the application of oleaginous preparations to the skin during the stages of eruption and desquamation; in the former stage for the comfort of the patient, and to allay itching and aid in the reduction of the temperature; in the latter, to prevent contagion, as all of his cases underwent desquamation, and in all probability the contagion is carried by these fine scales.

ON CALCULUS IMPACTED IN THE URETER, AND THE FEASIBILITY OF REMOVING IT BY SURGICAL OPERATION.—Mr. Henry Morris, Surgeon to the Middlesex Hospital, London, in a very interesting paper in the October number of *The American Journal of the Medical Sciences*, discusses the feasibility of removing from the ureter an impacted calculus, which, if allowed to remain, will sooner or later surely cause destruction of the kidney, if not of life. He discusses very fully the clinical history, diagnosis, and prognosis of these cases, and finally urges that a calculus impacted in the ureter sufficiently near the vesical orifice to be felt with the finger can with care and suitable instruments be extracted through an incision of the bladder wall without fear of wounding the peritoneum, or laying open the cavity of the bladder into the cellular tissue of the pelvis.

He describes his method of operating as follows: Having rapidly dilated the urethra if the patient be a female, or opened the urethra in the median line immediately in front of the prostate if the patient be a male, the neck of the bladder should be passed by the index finger of the left hand, and a careful digital examination made of the bladder walls. If a hard fixed body be felt covered over by the bladder mucous membrane, at or near the orifice of one of the ureters, a gum-lancet shaped knife on a long slender shank should be introduced along the left index finger, and with it an incision should be made through the tissue covering the calculus. The knife should then be carefully withdrawn, and a slender scoop or curette introduced along the index finger of the left hand, still retained within the bladder should be employed for gently turning the calculus out of its bed.

Mr. Morris urges that an exploration of

the bladder should be made with the view of performing this operation on the ureter:

(1) In hydronephrotic or pyonephrotic enlargement of the kidney, associated with bladder symptoms, with the hope of re-establishing the natural drainage through the ureter. (2) Before nephrectomy is resorted to for hydronephrotic or pyonephrotic tumors, which have been opened or tapped through the loin without benefit. (3) Before nephrectomy is resorted to in cases of suspected renal calculus, in which no renal tumor exists, and where, after digital exploration and puncture of the kidney through the loin, no stone is found. (4) In cases of sudden or rapid suppression of urine, or aneuria, occurring after symptoms which have given rise to suspicion of stone in one or other kidney or both kidneys. A kidney which has undergone compensatory hypertrophy may become blocked by a calculus which has been forced by the superimposed urine in the lower end of the ureter, and which can not pass the vesical orifice of the ureter. Such a kidney may be, probably is, the only one the patient has to depend on; and in this case death must ensue if the obstruction is not removed. If no stone can be felt through the bladder, life may yet be saved by giving a vent to the pent-up urine by lumbar nephrotomy.

THE USEFULNESS OF THE NOSE IN DIAGNOSIS.—Probably every physician sees times in his examination of patients, when he devoutly wishes he had no olfactory nerves (Dr. N. S. Davis, editorial, in the *Journal of the American Medical Association*), or, since to be deprived of the sense of smell would at the same time also deprive him of the possibility of certain keen enjoyments, he prays for that happy condition of the farmer, who, when asked by a young theologian if he objected to his saying grace at the table, replied, "Oh, no! say what you have a mind to, you can't turn my stomach." Unpleasant as the possession of a nose often is, there are occasions when its delicate appreciation of odors is fortunate. Nay, furthermore, it seems sometimes serviceable in guiding a physician to a correct diagnosis. All are familiar with the fetor of the air expired in cases of pulmonary gangrene; likewise, the breath of patients suffering from chronic copper and lead poisoning has a foul, strongly suggestive smell.

A peculiar smell of the breath in other diseases has been repeatedly noted by trust-

worthy observers. Thus, a urinous odor has been detected in the breath of patients suffering from retention of urea in the system from renal disease. The act of coition is stated by a German, whose name we can not recall, to impart a very characteristic odor to the breath. It is needless to allude to disordered stomachs and constipated bowels, bronchorrhea, decayed teeth, nasal catarrh, and numberless other conditions familiar to every physician, as productive to a foul breath that often leads to a diagnosis upon the very entrance of a patient into the consulting office.

The fetor of uterine cancer is so proverbial that its very mention seems superfluous. *Apropos* of this offensive smell, Dr. Middleton Goldsmith, of Rutland, Vt., in a contribution to the *New York Medical Record*, November 29, 1884, entitled, "Some New Facts and Considerations in the Diagnosis of Cancer of the Stomach and Cancer of the Pancreas," cites a case in which the eructations emitted a fetor identical with that of carcinoma uteri. Gastric symptoms usually met with in cancer of the stomach were not marked, though a pronounced cachexia was present. The autopsy revealed encephaloid cancer involving almost the entire stomach. Upon being accidentally torn into, the organ emitted an overpowering stench identical with that having distinguished the eructations in life. Dr. Goldsmith says this fetor is not invariably present, but that, when it obtains, it may be regarded as pathognomonic of gastric cancer. The fact is well worth remembering.

Peculiar odors do not proceed exclusively from mucous membranes, the skin sometimes emits an unnatural smell in disease.

A pungent mice-like odor is said to be characteristic of typhus.

A sour smell is sometimes perceived to proceed from persons ill with acute articular rheumatism. We do not recall any reference in medical literature, to a singular odor of the perspiration sometimes encountered in phthisical patients. But we recollect vividly two instances in which we were struck by this peculiarity. The first case was that of a man who had a very extensive consolidation of both apices.

The odor did not impress us specially, until a few minutes afterward, on approaching another patient already stripped for examination, when the same odor met us, surrounding the man like a cloud. At once, without considering the rashness of the statement, we exclaimed to those about,

this is a case of chronic consolidation of the lungs. Luckily the examination sustained the diagnosis. In these instances, the odor could not have been due to the medicines taken, as these were devoid of special scent. Whether there be any thing in this or not, peculiar odors associated with some diseases are so well established as to render the nose of the diagnostician any thing but superfluous.

MOVABLE KIDNEY.—Dr. Sydney Phillips, before the Harveian Society of London, October 16, 1884 (British Medical Journal), showed a boy, aged nine, presenting a lobulated elastic mass, situated chiefly in the umbilical and left lumbar regions; the upper edge of the mass reaching halfway between the ensiform cartilage and umbilicus, the lower edge halfway between the latter and Poupart's ligament. The tumor could be pushed downward as far as Poupart's ligament, and was movable to a less extent in other directions. There was a marked hollowness and concavity in its left lumbar aspect. The tumor had been noticed after an attack of whooping-cough, when the boy was seven months old; it had gradually increased from the size of a pigeon's egg to its present dimensions, but for the last two years had not altered. During a period of observation of eighteen months, his urine had been normal, and there had never been hematuria. The boy's health had been fair, but he had suffered paroxysmal attacks of pain about the tumor. Dr. Phillips believed the tumor to be a displaced kidney which had undergone some change, possibly cystic, accounting for its increased size. It was not a double kidney, as the right kidney could be felt in the normal position.

PAINFUL MAMMA IN YOUNG GIRLS.—Mr. John H. Morgan described, before the Harveian Society of London October 16, 1884 (British Medical Journal), the case of a well-made girl, aged eleven and a half, who had suffered from severe pain in the left mamma for some time, which had become more acute lately; the gland was very little enlarged, and showed no symptoms of inflammation, but was the seat of great pain, and was very tender to the touch. The pain was continuous, with exacerbations. There was no history of injury; the catamenia had not appeared. Shortly afterward, the right mamma became affected in an exactly identical manner. Neither local

nor general treatment afforded relief. After some weeks, the pain began to intermit, and at length gradually disappeared. Notes were read of six other similar cases, in five of which the left, and in one the right, mamma was the seat of pain. The children were between ten and a half and twelve years old; none had menstruated, and in none was treatment, either local or constitutional, of much benefit. It was suggested that this pain was not due to inflammation, but to some developmental changes in the gland, in sympathy with changes in the ovaries and in the organs of generation.

THALLIN, A NEW ANTIPYRETIC.—In the new search for a substitute for quinine, many new bodies have been discovered which will reduce the temperature, but none that will replace quinine. Chinoline, kairin, and others have already played their part, and antipyrin, with which most experimenting is done at present, is already faced by a new competitor. This new body, thallin, chemically speaking, tetrahydroparachinazolinol, was first prepared by Skraup. Thallin is a powerful antifermentative and excellent antipyretic, but it is not a specific for any affection. The dose is 0.25 to 0.75 grams (four to eleven grains), which reduces the temperature several degrees.—*Rundschau Leitmeritz; Weekly Drug News.*

DRAUGHT OF AMYL NITRITE.—Dr. Richardson (*Asclepiad*) gives a formula for the administration of amyl nitrite by the mouth: Amyl nitrite, pure, ℞xxxv; ethylic alcohol (specific gravity .830), ℥v; pure glycerine to ℥iiss. To make a mixture of twelve doses. One fluid dram to be taken in a wineglassful of warm water. In asthma this method is specially recommended.—*Practitioner.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, December 14, 1884, to December 20, 1884.

Lauderdale, John V., Captain and Assistant Surgeon, Fort Sully, D. T., granted leave of absence for one month, to take effect about December 20, 1884. (S. O. 146, Dept. Dakota, Dec. 9, 1884.)
Comegys, E. T., Captain and Assistant Surgeon, granted leave of absence for one month. (S. O. 234, Dept. Mo., Dec. 8, 1884.)
Pulcher, J. E., First Lieutenant and Assistant Surgeon, ordered to Fort Custer, M. T., for duty. Order assigning him to duty at Fort A. Lincoln, D. T., amended. (S. O. 145, Dept. Dakota, Dec. 8, 1884.)

S. H. KENNEDY'S**Concentrated Aqueous Extract**

—OF—

PINUS CANADENSISWHITE.DARK.**MEDICAL PROPERTIES,****MUCOUS ASTRINGENT.***A Most Valuable Remedy in all Diseases of the Mucous Surfaces
requiring an Astringent.*

TO PHYSICIANS.—I will take pleasure in forwarding you free a sample bottle sufficient to test fully its merits. A trial only is sufficient to establish its medicinal value.

—DIRECTIONS FOR USE.—

N. B.—The doses prescribed are for adults, for children the dose must be diminished according to their age.

AS AN INTERNAL REMEDY IN DIARRHŒA, DYSENTERY, NIGHT-SWEATS, HEMORRHAGE, OR PROFUSE EXPECTORATION. Mix one part of the extract with five of warm water; let it cool and take a teaspoonful of the solution every three hours or oftener as the case may require.

For LEUCORRŒA and other VAGINAL DISEASES, dissolve a tablespoonful or two in a pint of warm water and inject twice a day. In obstinate cases a stronger solution should be used.

For PROTRUDING OR ITCHING PILES mix one-fourth of glycerine and apply as often as convenient; FISSURE OF THE ANUS, SORES, ULCERS, BURNS, or SCALDS, the extract should be applied in its full strength.

For CATARRH, dissolve a teaspoonful or two of the extract and a teaspoonful of salt in a pint of warm water and inject into the nostrils with a nasal douche twice a day.

For SORE THROAT, dissolve a tablespoonful of the extract in half pint warm water, let it cool, and apply as a gargle repeatedly during the day.

For GONORRŒA or GLEET, mix one part of the extract with three of water, inject two or three times a day.

For SKIN DISEASES, the extract should be used in its full strength, locally, and in obstinate cases a warm bath, in which a pint of the extract has been dissolved, should be taken several times a week.

To avoid STAINING OF LINEN the White P. C. should be used.

USED AND RECOMMENDED BY**J. MARION SIMS, M.D., New York.****ROBT. A. GUNN, M.D., New York.****R. WALKER, M.D., New York.****WM. RUSSELL, M.D., New York.****J. C. NIDELET, M.D., St. Louis.****T. F. RUMBOLD, M.D., St. Louis.**

And many other prominent Physicians throughout the country.

PREPARED ONLY BY**J. C. RICHARDSON, Chemist, ST. LOUIS, MO.**

Pinus Canadensis is prepared for use of Physicians only, and can be had from all reputable Druggists, wholesale and retail, in the United States, or from

RICHARDSON & CO., Wholesale Druggists, 710 North Main St., ST. LOUIS, MO.

MILK-MAID BRAND



ANGLO-SWISS MILK FOOD.

MADE AT CHAM, SWITZERLAND, BY THE ANGLO-SWISS COND. MILK CO.

PRESCRIBED BY LEADING PRACTITIONERS, and USED IN PROMINENT INSTITUTIONS THROUGHOUT THE COUNTRY.

CHEMICAL ANALYSIS.

Moisture,	5 to 6 per ct.	Carbo-hydrates, insoluble in water, . . .	15 to 16 per ct.
Nitrogenous matter (Nitrogen,)	2.35 to 2.35	Fat,	4 to 5 "
Carbo-hydrates, soluble in water, 54 to 55 "		Ash (inclusive of 0.6 Phosphoric Acid,)	2 to 2.5 "

TRADE MARK.

"The proportion of nitrogenous matter or plastic aliments to carbo-hydrates or respiratory constituents in mother's milk is 1:4.5, and in this food the proportion is practically the same, namely, 1:5.7. The fat, as a respiratory substance, is here reduced to the equivalent of starch. My analysis perfectly agrees with the analysis given on their labels and bears witness to the excellent and rational manner in which this food is compounded."

Dr. E. GEISLER, Dresden, April 10, 1880.

"I have used Anglo-Swiss Milk Food in my practice, and commend it with confidence to those who may need it for Infants or Invalids. The introduction of the Anglo-Swiss Milk Food into America is a great blessing to sick children, weary mothers, and almost discouraged physicians, for medicine will not take the place of food."

E. A. JENNINGS, M.D., Provident Dispensary, 62 West 14th St., New York.

"Used in New York Infant Asylum."—J. Lewis Smith, M.D.

"Has yielded most favorable results."—J. C. Guernsey, M.D., Philadelphia.

"The Diarrhea had been persistent for four months in spite of the use of other foods. After using two days the evacuations became normal, and the puny child is now plump and healthy."—Geo. M. Ockford, M.D., Vincennes, Ind.

"Used in our Sea Side Nursery. It nourishes and strengthens every child to whom it is given."—John W. Kramer, M.D., Master of St. John's Guild.

"Our little ones love it. It regulates and strengthens the bowels."—Sisters of Charity, St. Vincent's Home, Phila.

"We find that it agrees with each case."—M. Spencer, Matron Philadelphia Infants' Home.

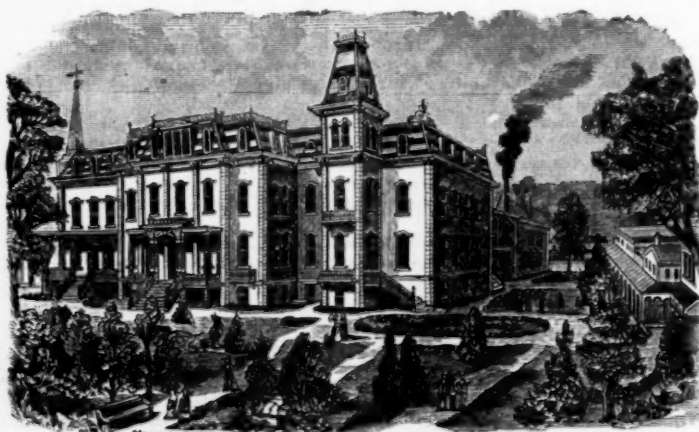
Sample furnished to Physicians gratis. Address ANGLO-SWISS COND. MILK CO., P. O. Box 3773, N. Y.

60W-397-491.

SOLD BY DRUGGISTS GENERALLY.

CINCINNATI SANITARIUM.

A PRIVATE HOSPITAL



FOR THE INSANE.

COLLEGE HILL, OHIO.

Ten years successful operation. One hundred patients admitted annually. Daily average, sixty. Cottages for nervous invalids, opium habit, etc. Location salubrious. Surroundings delightful. Appliances ample. Charges reasonable. Accessible by rail. Six trains daily. Forty minutes from C., H. & D. Depot, 5th and Hoadley Streets, Cincinnati. For particulars address

ORPHEUS EVERTS, M.D., Superintendent,

COLLEGE HILL, OHIO.

"TAKE ONLY AND INSIST NO "THE BEST OF AMERICAN MANUFACTURE."



PLANTEN'S CAPSULES*

Known as Reliable nearly Fifty Years.

*See note page 64, Prof. VAN BUREN AND KEYES on Urinary Organs.

PREMIUM FOR "GENERAL EXCELLENCE IN MANUFACTURE."



H. PLANTEN & SON, 224 WILLIAM ST., NEW YORK.

SOFT and HARD CAPSULES Filled, all Descriptions

EMPTY CAPSULES,

N. B.—All kinds of Capsules for mechanical purposes made to order, of any size.

New articles and private formulas a specialty.

Sold by ALL druggists.

SAMPLES FREE.



Largest. No. 5 X, Smallest.

(Order by Number only.)

Boxes 100 each.

For taking medicines free of taste, smell, injury to the teeth, mouth, or throat. 100 (by mail), 50 cents.

RECTAL SUPPOSITORY (three sizes) CAPSULES.

Box of 100 by mail, 50 cts.

HORSE CAPSULES (two sizes), ounce and half ounce.

Box of 10 Capsules, 50 cts.

VAGINAL CAPSULES.

Capacity 10, 5, 3, 2, 1, ½, and ¼ Gr. Direct orders solicited.

SPECIFY PLANTEN'S CAPSULES ON ALL ORDERS. WE EMPLOY NO AGENTS OR TRAVELLERS.

*Massage
and
Swedish Movements.*

Miss Lawney,

No. 1035 Fifth Street, Louisville.

REFERENCES: Dr. Wm. Goodell, Philadelphia.

Dr. W. H. Bolling, Louisville.

ew-415-427

QUALITY FIRST.

ESTABLISHED 1817.

ARTHUR PETER & CO.

LOUISVILLE, KY.

Importers and Wholesale Druggists,

MANUFACTURING PHARMACISTS.

Dealers in Druggists' Sundries, Choice Pharmaceutical Preparations. Original makers of Aromatic Elixir Grindelia, Aromatic Anti-constipation Elixir, Aromatic Elixir Licorice. Instruments of all kinds, Atomizers and Douches.

DEPOT FOR PARKE, DAVIS & CO.'S PREPARATIONS.

PATENTS

MUNN & CO., of the SCIENTIFIC AMERICAN, continue to act as Solicitors for Patents, Caveats, Trade Marks, Copyrights, for the United States, Canada, England, France, Germany, etc. Hand Book about Patents sent free. Thirty-seven years' experience. Patents obtained through MUNN & CO. are noticed in the SCIENTIFIC AMERICAN, the largest, best, and most widely circulated scientific paper, \$3.50 a year. Weekly. Splendid engravings and interesting information. Specimen copy of the Scientific American sent free. Address MUNN & CO., SCIENTIFIC AMERICAN Office, 231 Broadway, New York.

FIFTY-SEVENTH ANNUAL ISSUE.

The Western Farmers' Almanac

FOR 1884 NOW READY.

PRICE, BY MAIL 12 CENTS.

JOHN P. MORTON & CO., Publishers,

LOUISVILLE, KY.

MORTON'S POCKET SERIES.

No. 1.

DIET FOR THE SICK.

By J. W. HOLLAND, A.M., M.D.

Professor of Materia Medica, Medical Chemistry, etc. University of Louisville.

Paper, 25 Cents; Handsomely bound in Cloth, 40 Cents.

"This book should be recommended by physicians to nurses and heads of families who have to provide meals for the sick."—*Virg. Med. Monthly*.

"It is quite readable and its conciseness recommends it."—*Mich. Med. News*.

JOHN P. MORTON & CO., Louisville, Ky.

JUST READY!

A USEFUL BLANK BOOK FOR THE MEDICAL PROFESSION.

Tabulated Record of Obstetric Cases

Prepared with the object of assisting the Medical Profession to keep properly a record of Obstetrical Cases in convenient form for future reference and guidance

By JOHN A. OSTERLONY, M. D.

NO PHYSICIAN OR STUDENT SHOULD BE WITHOUT IT.

PRICE, \$1.00. (Postage, 10 Cents Extra).

JOHN P. MORTON & CO.

Publishers and Dealers in Medical Books, LOUISVILLE, KY.

PHYSICIAN'S VISITING LIST, 1884

(LINDSAY & BLAKISTON'S.)

THIRTY-THIRD YEAR OF ITS PUBLICATION.

Containing Calendar, List of Poisons and Antidotes, Posological Tables, Marshall Hall's Ready Method in Asphyxia, List of New Remedies, Diagram of the Chest, etc.

— SIZES AND PRICES. —

For 25 patients weekly	Tucks, pockets, etc.....	\$1 00
50 " " "	" " ".....	1 25
75 " " "	" " ".....	1 50
100 " " "	" " ".....	2 00
50 " " "	2 vols. { Jan. to June }.....	2 50
	{ July to Dec. }.....	
100 " " "	2 vols. { Jan. to June }.....	3 00
	{ July to Dec. }.....	

INTERLEAVED EDITION.

For 25 patients weekly.	Interleaved, tucks, etc.....	1 25
50 " " "	" " ".....	1 50
50 " " "	2 vols. { Jan. to June }.....	3 00
	{ July to Dec. }.....	

Mailed postpaid, upon receipt of prices, as above. Parties desiring it may have their names stamped on the book without extra charge by making the request when sending the order. Send in your orders early to prevent delay. Address

JOHN P. MORTON & CO., Louisville, Ky.

FOR CONSUMPTION AND WASTING DISEASES.

HYDROLEINE

Has been proved of the highest value in CONSUMPTION and all WASTING DISEASES, invariably producing IMMEDIATE INCREASE IN FLESH AND WEIGHT.

FORMULA OF HYDROLEINE.

Each dose of two teaspoonfuls, equal to 120 drops, contains:

Pure Cod Liver Oil.....	80 m. (drops.)	Soda.....	1-3 grains.
Distilled Water.....	35	Boric Acid.....	1-4 "
Soluble Pancreatin.....	5 grains.	Hyochoolic Acid.....	1-20 "

Dose.—Two teaspoonfuls alone, or mixed with twice the quantity of soft water, to be taken thrice daily with meals.

The principles upon which this discovery is based have been described in a Treatise on "THE DIGESTION AND ASSIMILATION OF FATS IN THE HUMAN BODY," by H. C. BARTLETT, Ph.D., F.C.S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "CONSUMPTION AND WASTING DISEASES," by G. OVEREND DREWRY, M.D.

In these Treatises the Chemistry and Physiology of the Digestion of the Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results.

COPIES OF THESE VALUABLE WORKS WILL BE SENT FREE ON APPLICATION.

HYDRATED OIL,
HYDROLEINE,
WATER AND OIL.

HYDROLEINE is readily tolerated by the most delicate stomachs, even when the pure Oil or the most carefully prepared Emulsions are rejected. The Oil is so treated with pancreatin, soda, boric and hyochoolic acids, that the process of digestion is partially effected before the organs of the patient are called upon to act upon it. Consequently it is readily assimilated. It will nourish and produce increase in weight in those cases where oils or fats, not so treated, are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES, the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of HYDROLEINE, which may be discontinued when the usual average weight has been permanently regained.

The permanence and perfection of the emulsion, and the extreme solubility of the HYDRATED OIL, solely prepared and sold by us under the name of HYDROLEINE, is shown by its retaining its cream-like condition as long as the purest Cod-Liver Oil will retain its sweetness. Unlike the preparations mentioned, or simple Cod-Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

To brain-workers of all classes, Hydrated Oil is invaluable, supplying, as it does, the true brain food. Economical in use—certain in result. Tonic—Digestive and Highly Nutritive.

NEW PRINCIPLE FOR THE FAT.
ASSIMILATION.

KIDDER & LAIRD, Agents for the United States,

Price at Retail, \$1.00 per Bottle.

DEPOT, 83 JOHN STREET, NEW YORK

Antiseptics

LISTERINE

The combination of medical agents, as presented by us, produces a remedy of peculiar antiseptic property, alike adapted to Surgery, Obstetrics, Gynecology, Laryngology, and all Zymotic or Febrile diseases, the best clinical testimony having established its safety internally, even in large doses, whilst its capability of dilution to varied strengths for local application, demonstrates its power and scope.

FORMULA.—Listerine is the essential Antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria, and Mentha Arvensis in combination. Each fluid dram also contains two grains of refined and purified Benzo-boracic Acid.

DOSE.—One teaspoonful three or more times a day (as indicated). As a local application to ulcers, wounds and abscesses, or as a gargle, mouth-wash, inhalant or injection, it can be used *ad libitum*, diluted as desired.

The therapeutic value of LISTERINE has been thoroughly established by the most conservative and scientific element of the profession.

The following Reprints sent, postpaid, upon Request:

A LABORATORY STUDY OF LISTERINE:

(Being a tabular exhibit of its action upon fermentative processes.)

By **FRANK M. DEEMS, M.D., Ph. D.,**

Late of University of New York.

OTITIS MEDIA PURULENTA:

By **Prof. DUDLEY S. REYNOLDS, M.D.,** Louisville, Ky.

THE BEST METHODS OF TREATING OPERATIVE WOUNDS:

By **HENRY O. MARCY, A.M., M.D.,** Boston,

President American Academy of Medicine.

Also, clinical notes from the following and many other well-known physicians:

SURGEON GENERAL WALES,

U. S. Navy.

Prof. CHRISTOPHER JOHNSTON, M.D.,

Baltimore.

Prof. FESSENDEN N. OTIS, M.D.,

New York.

Prof. NATHAN S. LINCOLN, M.D.,

Washington, D. C.

Prof. W. W. DAWSON, M.D.,

Cincinnati.

Prof. JNO. A. OCTERLOXY, A.M., M.D.,

Louisville.

Prof. JAMES NEVINS HYDE, A.M., M.D.,

Chicago.

WM. PORTER, A.M., M.D.,

St. Louis.

GEO. J. ENGELMANN, M.D., St. Louis.

Lithiated Hydrangea

Lambert

FORMULA.—Each fluid dram of "Lithiated Hydrangea," represents thirty grains of Fresh Hydrangea, and three grains of chemically pure Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is invariably of definite and uniform therapeutic strength, and hence can be depended upon in clinical practice.

DOSE.—One or two teaspoonfuls four times a day.

HYDRANGEA has been used with great satisfaction in calculous complaints, and abnormal conditions of the Kidneys, and reports have been published by Drs. Atlee, Horsley, Monkur, Butler, and others, all confirming its value in Kidney and Bladder diseases. As the utility of **LITHIA** in Kidney diseases and of the uric acid diathesis is well known to the profession, the advantages of Hydrangea and Lithia combined in a form acceptable to the stomach, must be apparent to every intelligent physician, and therefore he is at once prepared to recognize the value of **LITHIATED HYDRANGEA** in

GRAVEL, GOUT, BRIGHT'S DISEASE, DIABETES, VESICAL IRRITATION, and all diseases in which a Kidney alterative or an anti-lithic remedy is indicated.

A sample bottle furnished upon application.

LAMBERT & CO., MANUFACTURING CHEMISTS,
307 LOCUST STREET, ST. LOUIS, MO.

FORCE MERRELL, President.

J. B. HARGRAVE, Secretary.

WILLIAM DEED, Treasurer.

ESTABLISHED 1852.

The Wm. S. Merrell Chemical Co.

OF CINCINNATI.

(Late WM. S. MERRELL & CO.)

— EAST AND WEST DEPOTS. —

CHAS. N. CRITTENTON,
116 Fulton Street,
NEW YORK CITY.

Please refer to Pamphlet Prices
Current for list of prominent
WESTERN DEPOTS.

B. O. & G. C. WILSON,
28 Merchants Row,
BOSTON, MASS.

FINE SPECIALTIES.

Fluid Hydrastis—Merrell.

Original with and alone prepared by The Wm. S. Merrell Chemical Co. Samples and printed suggestions for use supplied on application.

Solution Bismuth and Hydrastis—Merrell.

Colorless and highly perfumed. A solution of the double Citrate of Bismuth and Hydrastis (White Alkaloid) adapted to the treatment of diseased mucous surfaces.

Salicylic Acid (In Crystals)—Merrell.

Prepared from OIL OF WINTERGREEN.

Salicylic Acid from Wintergreen is *less irritating* and better borne by the stomach when used internally; and as an external application is *more bland* than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis and as an injection in some cases of Leucorrhea or Gleet.

Tincture Gelsemium—Merrell.

Green Root only used. A specialty with us since its first introduction in 1852. This remedy, carefully studied in the light of modern scientific methods, and subjected to the strictest physiological tests, will command recognition as one of the most valuable agents known in the Materia Medica.

Send for circular giving "Special Therapeutics."

Extract of Malt, New Process—Merrell.

Is without superior in the market. We challenge comparison as to *color and flavor*. Characteristic richness as a *nutritive food* or percentage of *active Diastase*.

Pepsin (Re-precipitated)—Merrell.

Advantages; absolute cleanliness and freedom from odor, definite strength and reliability.

Liquor Secalis Purificatus—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is especially valuable for *Hypodermic Medication and topical application*; for which purposes the Official Fluid Extract is not admissible.

Podophyllin and Leptandrin—Merrell.

Of which articles we were the first manufacturers.

Green Plant and other Fluid Extracts—Merrell.

These remedies are positive Medicinal agents: *positive*, not because they will invariably cure disease, but because their sensitive properties are *definite, uniform and certain*. Send for our paper on the subject of "*Green Plant Fluid Extracts*."

For sale by ARTHUR PETER & CO., Louisville, Ky.; E. J. HART & CO., New Orleans, La.; SPURLOCK, PAGE & CO., Nashville, Tenn.; LAMAR, RANKIN & LAMAR, Atlanta, Ga.; L. ORYNSKI, San Antonio, Texas; J. J. SCHOTT & CO., Galveston, Texas; J. W. & E. H. CROWDUS, Dallas, Texas.

Hydrastis Sulph (Berberina Sulph.)—Merrell.

This is the Sulphate of the Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand, and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

Approximate Solubility in Cold Water, . . . 2½ gr. to 1 oz.
" " " Hot Water, . . . 12 " 1 "
" " " Alcohol, . . . ¼ " 1 "

Administered in powder, combined with sugar of milk, or in solution; the latter is preferable. Dose: ¼ to ½ grain. Dr. Roberts Bartholow's Formula for the use of Hydrastis Sulph. in Gonorrhea after the acute stage has passed:

R Hydrastis Sulph. pure, . . . grs. x; } Mix.
Mucilage Acacia, oz. ij;
Aqua Rosæ, oz. iv.

Use one half ounce as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

R Hydrastis Sulph. pure, . . . ¼ gr; } Make one pill.
Podophyllin, 1-20 gr.

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastis," and "Fluid Hydrastis."

Ethereal Oils—Merrell.

LOBELIA,
STILLINGIA,
CAPSICUM,
MALE FERN.

Sanguinarina Nitrate—Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In *Bronchitis, Pneumonia, and Laryngitis*, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information consult our circular on the uses of this salt.

Concentrated Nitrous Ether—Merrell.

For extemporaneous preparation of Spirits of Nitrous Ether, U. S. P.

Boro-Glyceride—Merrell.

The new Antiseptic. Solid and Solution. *Solid* contains 32 parts Pure Glycerine and 68 parts Boracic Acid. *Solution*, 50 per cent, contains one-half an ounce solid Boro-Glyceride to each fluid ounce of liquid.



BEEF PEPTONOIDS



A CONCENTRATED POWDERED EXTRACT OF BEEF, PARTIALLY DIGESTED AND
COMBINED WITH AN EQUAL PORTION OF GLUTEN.

We have pleasure in presenting, for the consideration of the Medical profession, "BEEF PEPTONOIDS." We consider this product the most valuable that ever emanated from our Laboratory, and we feel confident it will be welcomed by the Profession in all parts of the world.

BEEF PEPTONOIDS contains *only* the *nutritious* portions of the beef. It contains *no water* and *no inert matter* of any kind. We combine the dry Extract of Beef with an equal *portion* of Gluten to prevent a tendency to deliquesce, and in order to present the preparation in a powdered and portable form. It is well known that Gluten is the most nutritious substance found in the Vegetable Kingdom, and in nutritive elements is closely allied to Beef.

Four ounces of BEEF PEPTONOIDS represents as much nutritive and stimulating properties as forty-eight ounces of the best lean Beef.

Four ounces of BEEF PEPTONOIDS contains more nutritive elements than ten pounds of any extract made by Liebig's formula, and from four to six times more Albuminoids and Fibrinoids than any Beef Extract ever offered to the Medical Profession.

Our machinery and process for the production of BEEF PEPTONOIDS are perfectly adapted to the *elimination* of all inert portions of the Beef, and the *retention* of all the nutritive constituents.

BEEF PEPTONOIDS is *much less expensive* than any other preparation in the market, as it contains *neither water nor inert matter*.

The favor our preparation of BEEF PEPTONOIDS received at the hands of DRs. AGNEW, HAMILTON, BLISS, REYBURN, WOODWARD, BARNES, etc., the corps of eminent Physicians who employed the preparation with so much advantage in the treatment of the late PRESIDENT GARFIELD, proves conclusively its great value, not only as a food to be taken by the mouth, but also how important an agent it has been found in feeding by the Rectum.

Please refer to the very able article of Dr. D. W. BLISS in the New York Medical Record, July 15, 1882, in which he so frequently refers to BEEF PEPTONOIDS having been used to so great an advantage, not only in the case of the late PRESIDENT GARFIELD, but many others as well.

We employ a reliable and experienced person to select the Beeves before they are slaughtered, and to superintend the killing and dressing. Great care is exercised in this respect, and none except the most healthy and suitable beeves are employed in making our BEEF PEPTONOIDS.

Every physician will appreciate the importance of this care, for an Extract made from diseased Beef would not only be deleterious, but would, in many cases, produce lasting injury and fatal results.

The use of BEEF PEPTONOIDS is indicated as follows:

Convalescence from all diseases, Fevers, Pneumonia, Weak Digestion, Diarrhea, Dysentery, Phthisis, Cholera Infantum, Marasmus, Sea Sickness, Excessive use of Alcoholic Stimulants; per Rectum in all cases where the stomach can not digest the food, and in debility resulting from any cause. Also a valuable adjunct in voyages and camp life.

We will be pleased to have the Profession every where test our assertions regarding this preparation, and for that purpose we will be happy to mail a sample to any regular practitioner desiring it; also circulars fully explanatory.

For sale, in four-ounce handsomely-decorated tins, price \$1.00. For the convenience of, and economy for the Medical profession, we also put up Beef Peptonoids in sixteen-ounce tins, which will be sent to any address, post paid, on receipt of \$2.50.

Thanking the Profession for generous support in the past, we beg to remain,

Very respectfully,

REED & CARNRICK,

182 FULTON ST., NEW YORK.

ew-1y-408



TO PHYSICIANS.

B R O M I D I A.

FORMULA.—Every fluid dram contains 15 grs. EACH of pure Brom. Potas. and purified Chloral and $\frac{1}{2}$ gr. EACH of *gen. inp. ext.* Cannabis Ind. and Hyocyam.

DOSE.—One half to one fluid dram in WATER OR SYRUP every hour until sleep is produced.

BROMIDIA is the Hypnotic *par excellence*. It produces refreshing sleep, and is *exceedingly* valuable in sleeplessness, nervousness, neuralgia, headache, convulsions, colics, etc., and will relieve when *opiates fail*. Unlike preparations of opium it does not lock up the secretions. In the restlessness and delirium of Fevers it is absolutely invaluable.

F. H. DAVENPORT, M.D., Boston, Mass. Assistant in Gynecology, Harvard University Medical Department.

J. K. BAUDUY, AM, M.D., LL.D., St. Louis, Mo. Professor of Nervous and Mental Diseases, Missouri Medical College.

L. CH. BOISLINIERE, M.D., LL.D., St. Louis, Mo. Professor of Obstetrics and Diseases of Women, St. Louis Medical College.

J. S. JEWELL, A.M., M.D., Chicago, Ill. Editor Journal of Mental and Nervous Diseases, and Professor of Nervous and Mental Diseases, Chicago Medical College.

H. M. LYMAN, A.M., M.D., Chicago, Ill. Professor of Physiology and Diseases of the Nervous System, Rush Medical College.

D. R. BROWER, M.D., Chicago, Ill. Editor Chicago Medical Journal and Examiner, and Professor of Nervous and Mental Diseases, etc., Woman's Medical College.

I. N. DANFORTH, M.D., Chicago, Ill. Professor of Pathology and Diseases of the Kidneys, Woman's Hospital Medical College; President and Lecturer on Pathology, Spring Faculty, Rush Medical College.

D. D. BRAMBLE, M.D., Cincinnati, O. Dean; Professor of Principles and Practice Surgery and Clinical Surgery, Cincinnati College Medicine and Surgery.

WILLIAM CLENDENIN, M.D., Cincinnati, O. Professor of Descriptive and Surgical Anatomy, Miami Medical College.

J. H. McINTYRE, A.M., MD., St. Louis, Mo. Professor of Gynecology, College for Medical Practitioners.

W. B. FLETCHER, M.D., Indianapolis, Ind. Professor of Physiology, Hygiene and Clinical Medicine, Medical College of Indiana.

W. J. SCOTT, M.D., Cleveland, O. Professor of Principles and Practice of Medicine, Medical Department, Wooster University.

H. H. POWELE, M.D., Cleveland, O. Professor of Obstetrics and Diseases of Children, Cleveland Medical College.

A. A. SMITH, M.D., New York. Professor of Materia Medica and Therapeutics and Clinical Medicine, Bellevue Hospital Medical College.

H. O. MARCV, A.M., M.D., Boston. President of the American Academy of Medicine.

BATTLE & CO., CHEMISTS, ST. LOUIS.

P A P I N E

THE ANODYNE PRINCIPLE OF OPIUM.

PAPINE is the Anodyne or Pain-relieving Principle of Opium in a pleasant liquid form. Its advantages are: That it produces the good effects of Opium without the disagreeable tendency to cause nausea, vomiting, etc. It is the **safest** and **most pleasant** of all the preparations of Opium, and is uniform in strength. It can be relied upon in all cases where Opium or Morphia is indicated.

ONE FLUID dram represents one grain of Opium in Anodyne Power.

AVERAGE DOSE, one-half to one teaspoonful.

PREPARED EXCLUSIVELY FOR PHYSICIANS' PRESCRIPTIONS.

BATTLE & CO., CHEMISTS, ST. LOUIS.

MELLIN'S FOOD,

FOR INFANTS AND INVALIDS.

The only perfect substitute for Mothers' Milk. A most nourishing and comforting Diet for the Nursing Mother, the Convalescent, the Dyspeptic, the Nervous Invalid, etc.

COMMENDED BY PHYSICIANS AND SOLD BY DRUGGISTS EVERYWHERE.

KEEPS IN ALL CLIMATES. PRICE, 75 AND 50 CTS.

DOLIBER, GOODALE & CO.,

41 & 42 Central Wharf, BOSTON, MASS.

CORRESPONDENCE SOLICITED. PAMPHLET AND SAMPLE FREE.

HOUSEKEEPING IN OLD VIRGINIA.

NEW EDITION. COMPREHENSIVE AND COMPLETE.

Contains over One thousand five hundred Original and Practical Receipts, compiled from the contributions of over Two hundred and fifty of Virginia's prominent Ladies and Housewives. It is adapted to the rich and poor, and no taste so epicurean but will find some favorite receipt, no means so moderate but will be benefited by its advice. The great variety and substantial worth of these receipts, as well as the explicit directions for their preparation are unsurpassed. They embrace every thing of value from the humble but famous "Corn Pone" and "Virginia Hoe-cake" and the "Sallie Lunn" bread to the princely luxury the "Queen of Puddings." Nor have those preparations and delicacies so essential to invalids been neglected; in short, there is nothing useful within the scope of any household that has not received due attention and care.

It is the book needed in every family where good living is desirable. It is the book needed where good food is required upon an economical basis. It is the best investment you can make. It is a most appropriate present for the young lady or matron as a Christmas, New Year, or birthday gift.

PRICE, \$1.75.

JOHN P. MORTON & CO., PUBLISHERS.
LOUISVILLE, KENTUCKY.

The Louisville Medical News and the American Practitioner will be sent for one year to advance-paying subscribers for \$5.00.

Address the Publishers,

JOHN P. MORTON & CO., Louisville, Ky.

AN UNEXCELLED SALINE.

Flexner's Effervescent Sulphate Sodium.

(GLAUBER'S SALT.)

The most active and most Palatable Laxative and Purgative now before the Profession.

INDICATED WHENEVER A SALINE IS REQUIRED.

The efficacy of Glauber's Salt has long been known, and physicians will find in this preparation a perfect and efficient substitute for the many expensive nostrums so largely advertised; and a medicine adapted for general family use.

Each drachm of the Effervescent Salt is equal to one drachm Crystallized Glauber's Salt, and it is given in corresponding doses; viz. one to four drachms. It has the merits of

CONCENTRATION,

CHEAPNESS,

READY SOLUBILITY,

PALATABILITY,

CERTAINTY.

Dispensed only on the prescriptions of Medical Practitioners. For sale by retail druggists generally. Samples on application.

PREPARED BY

J. A. FLEXNER, Druggist and Chemist,

248 FIFTH AVENUE,

LOUISVILLE, KY.

SPECIALTIES: KOUMYSS; McDade's Remedy for Syphilis, from Fresh drugs; Elix. Black Haw, from fresh bark; Elix. Salicylic Acid; Elix. Salicylate Sodium; Emulsion Cod Liver Oil, plain and with Hypophosphites; Fld. Ext. Corn Silk, from fresh silk, etc.

Agent for Trommer's Extract Malt, in bulk; Star Soft Capsules, in bulk. Which bulk goods are cheaper than any other form, and quality guaranteed.

The rarer drugs and alkaloids, etc., such as Naphthol, Pelletierin Tannate, Cannabin Tannate, Hyoscyamia, Homatropin, Apomorphia Muriate, Picrotoxin, Chinolin Alkaloid, and Tartrate, etc., on hand.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF LOUISVILLE

SESSION OF 1883 AND 1884.

FACULTY.

J. M. BODINE, M.D., DEAN, Professor of Anatomy and Diseases of the Ear and Throat.
LUNSFORD F. VANDELL, M.D., Professor of Principles and Practice of Medicine and Clinical Medicine.
E. R. PALMER, M.D., Professor of Physiology and Clinical Diseases of the Chest.
T. S. BELL, M.D., Professor of State Medicine and Sanitary Science.
JAMES W. HOLLAND, A.M., M.D., Professor of Materia Medica, Therapeutics, and Clinical Medicine.
DAVID W. VANDELL, M.D., Professor of Surgery and Clinical Surgery.
W. O. ROBERTS, M.D., Professor of Surgical Pathology and Operative Surgery.
JOHN A. OCTERLONY, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children.

H. A. COTTELL, M.D., Lecturer on Medical Chemistry.
W. CHEATHAM, M.D., Clinical Lecturer on Diseases of the Eye, Ear, and Throat.

R. B. GILBERT, M.D., Demonstrator of Anatomy.
C. SKINNER, M.D., Assistant Demonstrator of Anatomy.

THE FORTY-SEVENTH REGULAR ANNUAL SESSION will begin September 10, 1883, and end March, 1, 1884.

FEES.—Matriculation Ticket, \$5.00; General Lecture Ticket, \$75.00; Practical Anatomy, \$10.00; Hospital Ticket (required by the City), \$5.00. Graduation, \$30.00.

THE SPRING TERM of 1884 will begin March 3d and end June 1st. This Course offers special and superior facilities to students just entering upon the study of medicine, and those who, having finished attendance upon their first course of lectures, desire to continue their studies systematically throughout the year. It includes Clinical Teaching and Pharmaceutical work in the Dispensary, systematic recitations from Text-books, by a corps of examiners who have the use of the Museum for illustration, personal manipulations in Operative Surgery, Chemistry, Histology, Ophthalmoscopy, Laryngoscopy, and Otoscopy.

The Spring Course is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary, and does not count as a session.

The Fee for the Full Course is TWENTY-FIVE DOLLARS.

POST-GRADUATE COURSE.

This course is for the special benefit of practitioners of medicine, and is wholly distinct from the regular course of instruction preparatory to graduation.

The Post-Graduate Course will begin on April 1, 1884, and continue six weeks. It will consist of clinical and didactic lectures and demonstrations as follows:

Prof. Bodine,	<i>On the Diseases of the Ear and Throat.</i>	[Diseases.]
Prof. L. F. Vandell,	<i>On Clinical Medicine, Diseases of the Skin and Venereal</i>	
Prof. Palmer,	<i>On Physical Diagnosis.</i>	
Prof. Bell,	<i>On State Medicine.</i>	
Prof. Holland,	<i>On Diseases of the Nervous System.</i>	
Prof. D. W. Vandell,	<i>On the Surgery of the Rectum and Urinary Tract.</i>	
Prof. Roberts,	<i>On Operative and Orthopedic Surgery.</i>	
Prof. Octerlony,	<i>On the Diseases of Fœtural State.</i>	
Dr. Cheatham,	<i>On Ophthalmology and Laryngology.</i>	
Dr. Cottell,	<i>On Urinalysis and Toxicology.</i>	

The extensive museum, laboratories, and abundant clinical material of the University will be thoroughly utilized for illustrating this course. Practitioners in attendance will have the opportunity of making personal examination of patients in the several clinical departments, and ample scope will be afforded for practical observation. They will also receive practical instruction in the use of instruments of precision, apparatus, etc.

FEES.—Fees for the entire course, including matriculation, clinical instruction, use of laboratories and dissecting rooms (material only extra and at cost), forty dollars (\$40).

A certificate of attendance, signed by the faculty, will be given at the close of the course.

CLINICAL MEDICINE AND SURGERY.

It is the determination alike of the Faculty and Trustees to secure to students that kind of information which will be most useful to them in active professional life, and it will be seen that no effort has been spared to make the University essentially a *practical and demonstrative* school.

THE UNIVERSITY DISPENSARY affords great facilities to students. The building is upon the University grounds, and is open to patients and students throughout the year. It is the oldest institution of the kind in Louisville. It has obtained the confidence of the sick poor of the city, and its clinics are daily crowded with patients illustrating all varieties of disease. The advantages accruing to the University students from this source are among the chief attractions of the institution, giving them opportunities for attending cases and witnessing diseases in every phase. The Dispensary furnishes material for DAILY COLLEGE CLINICS from the following chairs: Clinical Medicine, Clinical Surgery, Diseases of Women and Children, Diseases of the Heart and Lungs, and Diseases of the Eye and Ear, Diseases of the Skin, and Diseases of the Nervous System.

In addition to the daily College Clinics mentioned, two Medical and two Surgical Clinics will be held weekly in the commodious amphitheater of the CITY HOSPITAL.

The Professors of Clinical Medicine and Clinical Surgery will lecture in the Hospital during the session. In addition to the above, the abundant clinical material of SS. MARY AND ELIZABETH HOSPITAL is at the command of the University Faculty.

FREQUENT EXAMINATIONS.

Universal experience has demonstrated the paramount importance of this mode of instruction as supplemental to lectures, and the Faculty has made a special provision for it. The wisdom of this action has been abundantly shown. The Faculty therefore devote additional hours for the purpose of a general "quiz," to be conducted by themselves.

Good boarding can be procured in the vicinity of the College at from \$3.50 to \$5.00 per week, fire and light included.

Students on their arrival in the city by proceeding to the University, on corner of Eighth and Chestnut Streets, within three squares of the Louisville and Nashville Railroad Depot, will find the Janitor, who will conduct them to suitable boarding-houses.

For circular address

J. M. BODINE, M. D., Dean,
724 First Street, Louisville, Ky.

MALTINE.

MALTINE is a concentrated extract of malted Barley, Wheat and Oats. In its preparation the temperature does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

LIST OF MALTINE PREPARATIONS.

MALTINE (Plain).
MALTINE with Hops.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Hypophosphites.
MALTINE with Phosphorus Comp.
MALTINE with Peptones.

MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phosphates Iron and Quinia.
MALTINE with Phosphates Iron, Quinia & Strych.
MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.
MALTO-VIBURNIN.

MEDICAL ENDORSEMENTS.

We append, *by permission*, a few names of the many prominent Members of the Medical Profession who are prescribing our Maltine Preparations:

J. K. BAUDUY, M. D., St. Louis, Mo., Physician to St. Vincent's Insane Asylum, and Prof. Nervous Diseases and Clinical Medicine, Missouri Medical College.

WM. PORTER, A. M., M. D., St. Louis, Mo.

E. S. DUNSTER, M. D., Ann Harbor, Mich., Prof. Obs. and Dis. Women and Children University and in Dartmouth College.

THOMAS H. ANDREWS, M. D., Philadelphia, Pa., Demonstrator of Anatomy, Jefferson Medical College.

B. F. HAMMEL, M. D., Philadelphia, Pa., Supt. Hospital of the University of Penn.

E. R. PALMER, M. D., Louisville, Ky., Prof. of Physiology and Personal Diagnosis, University of Louisville.

HUNTER McGUIRE, M. D., Richmond, Va., Prof. of Surgery, Med. Col. of Virginia.

F. A. WARDEN, M. D., Milwaukee, Wis., Supt. and Physician, Milwaukee County Hospital.

L. P. YANDELL, M. D., Louisville, Ky., Prof. of Clinical Medicine and Diseases of Children, University, Louisville.

JOHN. A. LARRABEE, M. D., Louisville, Ky., Prof. of Materia Medica and Therapeutics, and Clinical Lecturer on Diseases of Children in the Hospital College of Medicine.

B. OGDEN DORENUS, M. D., LL.D., New York, Prof. of Chemistry and Toxicology, Bellevue Hospital Medical College; Prof. of Chemistry and Physics, College of the City of New York.

WALTER S. HAINES, M. D., Chicago, Ill., Professor of Chemistry and Toxicology, Rush Medical College, Chicago.

E. F. INGALLS, A. M., M. D., Chicago, Ill., Clinical Professor of Diseases of Chest and Throat, Woman's Medical College.

A. A. MEUNIER, M. D., Montreal, Canada, Prof. Victoria University.

H. F. BIGGAR, M. D., Prof. of Surgical and Medical Diseases of Women, Homoeopathic Hospital College, Cleveland, Ohio.

DR. DOBELL, London, England, Consulting Physician to Royal Hospital for Diseases of the Chest.

DR. T. F. GRIMSDALE, Liverpool, England, Consulting Physician, Ladies' Charity and Lying-in-Hospital.

WM. ROBERTS, M.D., F.R.C.P., F.R.S., Manchester, England, Prof. of Clinical Medicine, Owens' College School of Medicine; Physician Manchester Royal Infirmary and Lunatic Hospital.

J. C. THOROWGOOD, M.D., F.R.C.P., London, England, Physician City of London Hospital for Chest Diseases; Physician West London Hospital.

W. C. PLATFAIR, M.D., F.R.C.P., London, England, Prof. of Obstetric Medicine in King's College, and Physician for the Diseases of Women and Children to King's College Hospital.

W. H. WALSH, M.D., F.R.C.P., Brompton, England, Consulting Physician Consumption Hospital, Brompton, and to the University College Hospital.

A. WINN WILLIAMS, M.D., M.R.C.S., London, England, Physician Samaritan Free Hospital for Diseases of Women and Children.

A. C. MACRAE, M.D., Calcutta, Ind., Dep. Insp.-Gen. Hosp. Ind. Service, late Pres. Surg., Calcutta.

EDWARD SHOPPEE, M.D., L.R.C.P., M.R.C.S., London, England.

LENNOX BROWN, F.R.C.S., London, Eng., Senior Surgeon, Central Throat and Ear Hospital.

J. CARRICK MURRAY, M.D., Newcastle-on-Tyne, England, Physician to the N. C. H. for Diseases of Chest.

J. A. GRANT, M.D., F.R.C.S., Ottawa, Canada.

MALTINE is prescribed by the most eminent members of the Medical Profession in the United States, Great Britain, India, China and the English Colonies, and is largely used at the principal Hospitals in preference to any of the Extracts of Malt.

We will forward gratuitously a 1-lb. bottle of any of the above preparations to Physicians, who will express charges. Send for our 28 page Pamphlet on Maltine for further particulars.

THE MALTINE MANUFACTURING CO.,

JOHN CARNRICK, President.

(OF REED & CARNRICK, MANUFACTURING CHEMISTS AND PHARMACISTS).

Elixirs, Wines ^{and} Syrups

PREPARED BY

PARKE, DAVIS & CO.

Manufacturing Chemists.

ELIXIRS. In seeking to supply the demand for these pharmaceutical preparations we make use of the most effectual disguises of the objectionable taste of the basic ingredients. We recognize the fact, that there are drugs, the taste of which can not be covered when given in the usual dose, with the ordinary amount of excipient, viz., a teaspoonful. In the latter cases we never sacrifice medicinal activity to secure a palatable mixture. Our elixirs contain precisely the quantity of medicinal ingredients which they are said to contain on the labels, and we take this occasion to advise the profession that extremely palatable elixirs, which are said to contain intensely bitter ingredients, such as quinine and strychnia, in medium or large doses, should be received with suspicion as to their strength. We challenge the most rigid tests of our elixirs, convinced as we are that they are as palatable as it is possible to make them, and at the same time to preserve them true to the representation of strength with which they are placed on the market. Our list comprises a full line of these preparations. In the preparation of our

WINES AND SYRUPS.

the same unvarying standard of strength as we adopt in the case of elixirs is maintained throughout.

Our list comprises the full line of both official and non-official preparations under these heads, including,

WINES.

AMERICAN WHITE ASH,
ANTIMONIAL, U. S. P.,
AROMATIC, U. S. P.,
BEEF AND WINE,
BEEF, IRON, AND WINE,
BEEF, IRON, WINE, AND CINCHONA,
BEEF, IRON, WINE, AND PEPSIN,
CALISAYA,
CALISAYA AND IRON PYROPHOSPHATE,
CORN SILK,
PEPSIN,
PEPSIN AND BISMUTH,
TAR,
WILD CHERRY,
Etc., Etc.

SYRUPS.

CALCIUM HYPOPHOSPHITE,
CALCIUM IODIDE,
CALCIUM LACTOPHOSPHATE,
CHLORAL HYDRATE,
DOVER'S POWDER,
HYPOPHOSPHITES,
IRON BROMIDE,
IRON LACTATE,
IRON LACTOPHOSPHATE,
IRON AND MANGANESE IODIDES,
MANGANESE HYPOPHOSPHITE,
MANGANESE IODIDE,
MANGANESE LACTOPHOSPHATE,
POTASSIUM LACTOPHOSPHATE,
PHOSPHATES, COMPOUND (Chem'l Food),
YERBA SANTA COMPOUND,
Etc., Etc.

Send for Price-list containing full list of Elixirs, Wines, and Syrups, to

PARKE, DAVIS & CO.

MANUFACTURING CHEMISTS,

NEW YORK:

DETROIT, MICHIGAN.

60 Maiden Lane and 21 Liberty Street.

(3)

S

we
the
en
we
ity
the
as
th.
ble
ey
our

ng,

i),

N.